

(1) PLACE OF BIRTH

County of Darlington

Township of

Inc. Town of Northville

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 153Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Dorothy Louise Flowers (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 4 (7) DATE OF BIRTH Jan 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Lee Flowers(9) PRESENT RESIDENCE OF FATHER Northville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Darlington Co. S.C.(13) OCCUPATION Clerk(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Stewart(15) PRESENT RESIDENCE OF MOTHER Northville S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Darlington Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Linton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Northville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 16 1923 (28) W. E. Linton Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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