Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Filed in Bureau of Vital Statistics Registrar Only
56069

(1) PLACE OF BIRTH

County of Greenville

Township of Fairview

or
Inc. Town of ..... Registration District No. 2206 Registered No. 4
(For use of Local Registrar)

or
City of ..... (No. ..... St. ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Tiggie Dillard

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl	(4) Twin or triplet?	(5) Number in order of birth 5	(6) Are Parents Married? yes	(7) DATE OF BIRTH 1 (Name of Month) 21 (Day) 1 (Year)
	To be preserved only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	D. S. Dillard	(14) NAME BEFORE MARRIAGE	Lorine McKenny
(9) PRESENT POSTOFFICE OF FATHER	Simpsonville S. C.	(15) PRESENT POSTOFFICE OF MOTHER	Simpsonville
(10) COLOR OR RACE	Black	(11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE	S. C.	(18) BIRTHPLACE	S. C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lottie Dillard Col.

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Simpsonville

Given name added from a supplemental report

..... 191...

..... Registrar

(26) Witness J. M. Ashmore
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed May 1 1911 (28) T. B. Buckett
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.