

Form No. 1.

at home 7/28/30

(1) PLACE OF BIRTH
County of Richland
Township of Ditchfork
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
66057

Registration District No. 3807 Registered No. 34
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helen Dausby If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(3) Number in order of birth <u>1</u>	(5) AGE <u>4 yrs</u>	(7) DATE OF BIRTH <u>June 15 1926</u>
FATHER			MOTHER	
(8) FULL NAME <u>Smith Dausby</u>			(14) NAME BEFORE MARRIAGE <u>Frances Lybrand</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chapin</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Dixieboro S.C.</u>		(18) BIRTHPLACE <u>Dixieboro S.C.</u>		
(13) OCCUPATION <u>Wages Landowner</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at (Born alive or stillborn) (Hour A. M. or P. M.) 10 P.M.
on the date above stated.

(23) (Signature) Chas. Spruce
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Widewater Truss. F.C.

Given name added from a supplemental report
.....
.....
Registrar

(26) Witness G. Hall
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Date June 17 1930 (28) H. Dausby 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.
McGraw-Hill Co. of Columbia