

## (1) PLACE OF BIRTH

County of WorcesterTownship of Johnson

Inc. Town of .....

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

File No.—For State Registrar Only

83853

Registration District No. 4304 Registered No. 139

(For use of Local Registrar)

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

|                              |                                |                                       |                                     |   |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct 18</u><br>(Name of Month) (Day) (Year) |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|

|                                   |  |
|-----------------------------------|--|
| (8) FULL NAME <u>Ethel Dennis</u> | (14) NAME BEFORE MARRIAGE <u>Emma Dennis</u> |
|-----------------------------------|--|

|   |  |
|---|--|
| (9) PRESENT POSTOFFICE OF FATHER <u>Johnsonville SC</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Johnsonville SC</u> |
|---|--|

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>23</u><br>(Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>22</u><br>(Years) |
|---------------------------------|--|---------------------------------|--|

|                            |                             |
|----------------------------|-----------------------------|
| (12) BIRTHPLACE <u>SC.</u> | (18) BIRTHPLACE <u>S.C.</u> |
|----------------------------|-----------------------------|

|                               |                                  |
|-------------------------------|----------------------------------|
| (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Housewife</u> |
|-------------------------------|----------------------------------|

|  |   |
|--|---|
| (20) Number of children born to mother, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |
|--|---|

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose W. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Johnsonville SC

Given name added from a supplemental report

(26) Witness L. E. Williams (Signature of Witness necessary only when question 23 is signed by mark)(27) Filled Oct 24 1914 (28) L. E. Williams 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 fourth month of pregnancy.

FROM REMITTANCE FOR CHILD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McGraw-Hill of Columbia.