

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Georgetown STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of # 7 State Board of Health

File No.—For State Registrar Only
72860

Inc. Town of or Registration District No. 2.1.16 Registered No. 62
(For use of Local Registrar)
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 Emma Francis Dear If child is not yet named, make supplemental report as directed

(3) Sex Female (4) Twin or Triplet? (5) Number in order of birth (6) Parents Married? (7) DATE OF BIRTH Aug. 26, 1914
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Dear
(9) PRESENT POSTOFFICE OF FATHER Waverly Mills
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Peedee S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth } 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Grant
(15) PRESENT POSTOFFICE OF MOTHER Waverly Mills
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Hagley S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth } 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dolly Dear

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife | Waverly Mills, S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug 30, 1914 (28) A. H. Hutchette
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.
McCaw, of Columbia.