

## (1) PLACE OF BIRTH

County of Richland  
 Township of Blytheville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2388

Inc. Town of \_\_\_\_\_ Registration District No. 8800 Registered No. 11  
 or \_\_\_\_\_ (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. Dorrie Thomas { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? girl

(4) Twin or triplet? \_\_\_\_\_

(5) Number in order of birth \_\_\_\_\_

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 25 22

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(3) FULL NAME \_\_\_\_\_

(14) NAME BEFORE MARRIAGE Cora Gardner

(8) PRESENT POSTOFFICE OF FATHER \_\_\_\_\_

(15) PRESENT POSTOFFICE OF MOTHER Blytheville

(9) COLOR OR RACE \_\_\_\_\_

(11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 28 (Years)

(10) BIRTHPLACE \_\_\_\_\_

(18) BIRTHPLACE Richland co

(12) OCCUPATION \_\_\_\_\_

(19) OCCUPATION Field work work(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Probie(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Blytheville

Given name added from a supplemental report \_\_\_\_\_

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 22 is signed by mark)

(27) File Jan 30 1922 (28) W. A. McLean 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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