

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Calhoun

(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

5075

Registration District No. 38 A Registered No. 39

(For use of Local Registrar)

## (2) Full Name of Child

Kathrine Dancy

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 4 1923

## FATHER.

(8) FULL NAME

Calvin Dancyport

(9) PRESENT POSTOFFICE OF FATHER

route 3 box 34 A

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Lawrence

(13) OCCUPATION

Labor

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

13

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Dill

(15) PRESENT POSTOFFICE OF MOTHER

route 3 box 33 A

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Lawrence S.C.

(19) OCCUPATION

House Keeping

(20) 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 6:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charlotte Perry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Sally Walker

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

(27) Filed Feb 11 1923(28) C. J. Severn

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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M. 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 1, Mother or Column. Column B. C