

(1) PLACE OF BIRTH

County of DurhamTownship of Bull Swamp

or

Inc. Town of

or

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

90781

Registration District No. 310VRegistered No. 141

(For use of Local Registrar)

2) Full Name of Child

Dwight

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Livingston

(9) PRESENT POSTOFFICE OF FATHER

Swansea, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer (Farm)

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Washington

(15) PRESENT POSTOFFICE OF MOTHER

Swansea, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. C. Brown, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Swansea, 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

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(28)

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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McCauley, of Columbia, S.C. has prepared this form as a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.