

(1) PLACE OF BIRTH

County of SpartanburgTownship of Stateburgor
Inc. Town ofor
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

79527

Registration District No. 41.09 Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child Eva Dinkins

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> <small>To be answered only in case of twins or triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 4</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wheeler Dinkins(9) PRESENT POSTOFFICE OF FATHER Horatio(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Odum(15) PRESENT POSTOFFICE OF MOTHER Horatio(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(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 4 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles W. McShadden(24) State whether Physician or Midwife (25) Address of Physician or Midwife Horatio, S.C.midwife

Given name added from a supplemental report

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Registrar

(26) Witness Eva S. Dinkins
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 12, 1914 (28) Bay Sander 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.