

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Barth  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7701

Registration District No. 3106Registered No. ....  
(For use of Local Registrar)

(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

(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 yes7) DATE OF BIRTH July 13, 1923

(Month) (Day) (Year)

MOTHER

8) FULL NAME George Dedmanche

(14) NAME BEFORE MARRIAGE

9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(16) BIRTHPLACE

(13) OCCUPATION

(16) OCCUPATION

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M. on the date above stated. born (Hour) (M. or P. M.)(23) (Signature) R. B. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

Signature of Witness necessary only when question 23 is signed "mark"

(27) Filed

19

(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.

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.

Form No. 1

## (1) PLACE OF BIRTH

County of LexingtonTownship of York

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3106

File No. — For State Registrar Only

7701Registered No. 11  
(For use of Local Registrar)

St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Charles S. ...(3) BOY OR GIRL girl(4) Twin or Triplet  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Jan. 13, 1923  
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

FATHER.

(14) NAME BEFORE MARRIAGE Bess Baker(15) PRESENT POSTOFFICE OF MOTHER Lexing. S.C.(16) COLOR OR RACE white(18) BIRTHPLACE Lexing. S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 2(9) PRESENT POSTOFFICE OF FATHER Columbia S.C. 22(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Lexing. S.C.(13) OCCUPATION Miss(20) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Aline at 11 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) R. E. Matthews

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexing, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

19

(28)

S. A. Matthews  
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.