

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Permit
 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
32680

Registration District No. 4308 Registered No. 94
 (For use of Local Registrar)

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

(2) Full Name of Child Ida Dosier

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 27th 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Levi Dosier
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Williamsburg co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Dars
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Williamsburg co. S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4 (21) 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 Born alive at 5 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Father
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 30th 22 (28) A. R. Moseley 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.