

County of 13th W. 4th N. 6th E.
Township of 1st E. 2nd N.
or
Inc. Town of
or
City of

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

13009

Registration District No. 200 .. Registered No.
(For use of Local Registrar)

City of (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 NO Name. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <i>207</i>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth <i>1</i>	6) Are Parents Married <i>YR</i>	7) DATE OF BIRTH <i>mgf. 23</i> (Name of Mother) (Day) (Year)
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FATHER.

(1) FULL NAME Henry Dingle

(2) PRESENT POSTOFFICE OF FATHER Cr. Tex. Ok.

(3) COLOR OR RACE Colord

(4) AGE AT LAST BIRTHDAY 40 (Years)

(5) BIRTHPLACE Bert Celz Co

(6) OCCUPATION farming

(7) Number of children born to mother. Include all dead

MOTHER.

(14) NAME BEFORE MARRIAGE *Elizabeth Knight*

(15) PRESENT POSTOFFICE OF MOTHER *Cross St.*

(16) COLOR OR RACE *Cowd* (17) AGE AT LAST BIRTHDAY *24* (year)

(18) BIRTHPLACE *Berkeley Ca*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(26) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed *July 19, 1938* 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.