

(1) PLACE OF BIRTH

County of

Orangeburg
Willow

Township of

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

27553

Registration District No. 36.17 Registered No. 82

(For use of Local Registrar)

City of (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Ward)

Full Name of Child Charles Edward Dyche If child is not yet named, make supplemental report as directed

Sex
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married
Yes(7) DATE BIRTH May 1 32
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) NAME BEFORE MARRIAGE Herman H. Dyche

(14) NAME BEFORE MARRIAGE Lucie Williamson

(9) PRESENT POSTOFFICE OF FATHER Norway NC

(15) PRESENT POSTOFFICE OF MOTHER Norway NC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE NC

(18) BIRTHPLACE NC

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(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 12:30 A.M. on the date above stated. (Born here or abroad) (Hour A.M. or P.M.)

(23) (Signature) C.W. Harrison M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Norway NC

Given name added from a supplemental report

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

(27) Filed Sept. 5, 1912 (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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