

## (1) PLACE OF BIRTH

County of OrangeTownship of Whitewater

Inc. Town of .....

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

31555

Registration District No. 30.7.7 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Willis Frank Dickerson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept: 15 22</u> (Name) (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Horas L. Dickerson(9) PRESENT POSTOFFICE OF FATHER Tammassee(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 157

## MOTHER.

(14) NAME BEFORE MARRIAGE Estell Holcomb(15) PRESENT POSTOFFICE OF MOTHER Tammassee(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 157

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1. P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. C. Ridley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Int. Dist.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Sept 20 22 (28) R. W. B. B. B. 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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH EXPANDING INK—PENS IN A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, SOUTH CAROLINA.