

Form No. 3

(1) PLACE OF BIRTH

County of Sumter.....Township of Childers.....

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

5356

Registration District No. 4-107 Registered No. 18
(For use of Local Registrar)(2) Full Name of Child John Samuel Dicksey 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 Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Feb 1</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>King Harris</u>	(14) NAME BEFORE MARRIAGE <u>Louisa Dicksey</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Tryon, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Childers, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Sumter, S.C.</u>	(18) OCCUPATION <u>Public Works</u>	(19) BIRTHPLACE <u>Sumter, S.C.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>6</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was White at 5 M., on the date above stated. (Born alive or stillborn? 2 Hour A. M. or P. M.)

(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Childers, S.C.</u>
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Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2-24 1923 (28) L. M. Green 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.

MAINS UNRECORDED FROM BUREAU
 WITH PLAINLY, WITH SPAREM 18-19-20 AS A PERMANENT RECORD
 N. B.—In case of twins or triplets use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4