

(1) PLACE OF BIRTH

County of Sumner
 Township of Howard
 or
 Inc. Town of Dyersburg
 or
 City of Dyersburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 64663

Registration District No 2308 Registered No 11
 (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 Mary Larkin

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 June 30, 1906
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Larkin
 (9) PRESENT POSTOFFICE OF FATHER Dyersburg, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Greenwood Co. S.C.
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Kilcrease
 (15) PRESENT POSTOFFICE OF MOTHER Dyersburg, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Greenwood Co. S.C.
 (19) OCCUPATION Farm hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Auster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Dyersburg S.C.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1 19 06 (28) 48 High 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.
 WHITE PLAINLY, WITH UNFADING INK.—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.
 MEDICAL DEPARTMENT, COLUMBIA, S. C.