

Form No. 1

(1) PLACE OF BIRTH

County of NorthTownship of Brook Riveror
Inc. Town ofor
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

87892

Registration District No. 4402Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child

Dorset

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 10</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME L. L. Dore

(9) PRESENT POSTOFFICE OF FATHER Hickory Grove SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Jay

(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born Alive at 10 - P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Wood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 18 6 191... (28) Dorset 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 OUPPING INK—THIS IS A PERMANENT RECORD.
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.
Cov. of Columbia