

## (1) PLACE OF BIRTH

County of EXINGT  
 Township of 57410  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Edie Dacey

File No.—For State Registrar Only

19357

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3102

Registration District No..... Registered No.....

(For use of Local Registrar)

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

(1) SEX OR Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 4 1922  
 (Name of Month) (Day) (Year)

FATHER  
 8) FULL NAME Wesley Dacey  
 9) PRESENT POSTOFFICE OF FATHER Woodford  
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 46  
 (Years)  
 12) BIRTHPLACE Orangeburg  
 13) OCCUPATION Farmer

MOTHER  
 14) NAME BEFORE MARRIAGE Bonnie Moseley  
 15) PRESENT POSTOFFICE OF MOTHER Woodford  
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 33  
 (Years)  
 18) BIRTHPLACE Wickenburg  
 19) OCCUPATION Helper

20) Number of children born to mother, including present birth 8 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..... at 29 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Hargis

(24) State whether Physician or Midwife

(25) Name of Physician or Midwife James H. Hargis

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Local Registrar

\*When there was no mother, the father, household head, etc., should make this return. If a child breathes at birth, a report is desired of attendance.