

(1) PLACE OF BIRTH

County of  Dillon

Township of  Manning

or  
Inc. Town of .....

or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**18407**

Registration District No.  1605  Registered No.  39   
(For use of Local Registrar)

(No. .... St.; .... Ward)  
City of (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child  Bessie Gerald  If child is not yet named, make supplemental report as directed

3) BOY OR GIRL  Girl  (4) Twin or Triplet?   (5) Number in order of birth    
To be answered only in event of Twins or Triplets

FATHER.  
5) FULL NAME  Rufus Gerald

6) PRESENT POSTOFFICE OF FATHER  Floydale S.C.

7) COLOR OR RACE  Colored  (8) AGE AT LAST BIRTHDAY  40  (Years)

9) BIRTHPLACE  Marion Co.

10) OCCUPATION  Farmer

11) Number of children born to mother, including present birth  9

(6) Are Parents Married?  Yes  (7) DATE OF BIRTH  6 7 27   
(Name of Month) (Day) (Year)

MOTHER.  
(14) NAME BEFORE MARRIAGE  Orelia McGinnis

(15) PRESENT POSTOFFICE OF MOTHER  Floydale S.C.

(16) COLOR OR RACE  Colored  (17) AGE AT LAST BIRTHDAY  32  (Years)

(18) BIRTHPLACE  Marion Co.

(19) OCCUPATION  Farm work

(21) Number of children of this mother now living, including present birth  6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature)  H. H. H.  (24) State whether Physician or Midwife  midwife  (25) Address of Physician or Midwife  Floydale S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 6/24   
(27) Filed  1927  (28)  B. F. Williams  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.