

## (1) PLACE OF BIRTH

County of YorkTownship of Yorkor  
Inc. Town of .....

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 Robert Dorsey

File No.—For State Registrar Only

3912

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1086Registered No. 11  
(For use of Local Registrar)(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet?(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH Jan 20 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME St. Dorsey(9) PRESENT  
POSTOFFICE  
OF FATHER St. Dorsey(10) COLOR  
OR  
RACE White(11) BIRTHPLACE St. Dorsey(12) OCCUPATION Teacher(13) Number of children born to  
father, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Miss Blue(15) PRESENT  
POSTOFFICE  
OF MOTHER Laurin A. B.(16) COLOR  
OR  
RACE White(17) BIRTHPLACE St. Dorsey(18) OCCUPATION Housewife(19) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 11 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James O. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Dorsey(26) Given name added from a supplemen-  
tal report(27) Witness R. M. Jones(Signature of Witness necessary only  
when question 23 is signed by mark)(28) Filed Feb 1922

(29)

(30) Local Registrar R. M. JonesWhen 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.