

## (1) PLACE OF BIRTH

County of *Dorchester*Township of *Dorchester*or  
Inc. Town of .....or  
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

41955

Registration District No. *12.9* Registered No. *17*

(For use of Local Registrar)

(2) Full Name of Child. *Ella May Cline*

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>March 12 1922</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Vance Cline*(9) PRESENT POSTOFFICE OF FATHER *Dorchester S.C. YMCA*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *North Carolina*(13) OCCUPATION *Organ in Cotton Mill*

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

## MOTHER

(14) NAME BEFORE MARRIAGE *Ruth Rogers*(15) PRESENT POSTOFFICE OF MOTHER *Dorchester S.C. YMCA*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)(18) BIRTHPLACE *South Carolina*(19) OCCUPATION *Spinster in Cotton Mill*

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9:55 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *John T. Coggeshall*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician* *Dorchester, S.C.*

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 me)

(27) Filed *Jan 1 1923* (28) *Ed Early* 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.

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