

(1) PLACE OF BIRTH

County of Upson
Township of Johnson
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

17060

Registration District No. 1304 Registered No. 3
(For use of Local Registrar)

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

(2) Full Name of Child William Dallas (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 14 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Dallas

(9) PRESENT POSTOFFICE OF FATHER Henry

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 46
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Wina Scott

(15) PRESENT POSTOFFICE OF MOTHER Henry

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Melia

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

Given name added from a supplemental report

.....

.....

.....

.....

.....

.....

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

(27) Filed 1-21-22 (28) L. L. Rice
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.