

Form No. 1.

## (1) PLACE OF BIRTH

County of

Township of

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

52033

Registration District No. 1807

Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child.

Frank Dorkens

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

12

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar

28

1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wade Dorkens

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Edgewood Co. SC

(13) OCCUPATION

Farmer

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

Twelve

## MOTHER.

(14) NAME BEFORE MARRIAGE

Becky Mitchell

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Edgewood Co. SC

(19) OCCUPATION

House wife

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

Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. J. Tallessor M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Columbia SC

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 mark)

(27) Filed Mar 30 1916

(28)

L. R. Brown 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.

McGraw, of Columbia.