

## (1) PLACE OF BIRTH

County of GranvilleTownship of Durbin

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 Dorrie Hilman Compton If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 8 1922 (Name of Month) (Day) (Year)(8) FULL NAME William Alvin Compton FATHER(9) PRESENT POSTOFFICE OF FATHER Princeton - S.C. R. 1.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE G'ville Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Miss Lucile Gray Rana MOTHER(15) PRESENT POSTOFFICE OF MOTHER Princeton - S.C. R. 1.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE G'ville Co. 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 Alive at 10:20 on the date above stated. (Born alive or stillborn) (Hour P. M. or P. A.)(23) (Signature) Dr. H. H. Hight (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Honey Fork, S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 23 19 22 (28) M. W. H. H. 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.