

(1) PLACE OF BIRTH

County of

Township of

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

46907

Registration District No. 3307

Registered No. 6

(For use of Local Registrar)

(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

Alberta Dudley

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Jan 16, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Neal Dudley

(14) NAME BEFORE MARRIAGE

Maggie Hicks

(9) PRESENT POSTOFFICE OF FATHER

Blenheim

(15) PRESENT POSTOFFICE OF MOTHER

Blenheim

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

28 (Years)

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Marlboro

(18) BIRTHPLACE

Marlboro

(13) OCCUPATION

Labour

(19) OCCUPATION

Labour

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:30 p.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Carolina Brock

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

mid wife | Blenheim

Given name added from a supplemental report

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

(27) Filed Jan 26, 1916.

(28) R. L. Nofier 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

THIS IS A PERMANENT RECORD.