

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

1744

Registration District No. 7804

Registered No. 1122

(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

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

Feb 16

1922

BIRTH (Name of Month) (Day) (Year)

(8) FULL NAME

Gen Innes Dale

(9) PRESENT POSTOFFICE OF FATHER

Lancaster Co

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

2-1

(Years)

(12) BIRTHPLACE

Kershaw County

(13) OCCUPATION

Day Laborer

(14) NAME BEFORE MARRIAGE

Barrie Innes Dale

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster Co

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Lancaster County

(19) OCCUPATION

House Keeper

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

2

(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 alive or stillborn

on the date above stated

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lancaster

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 23 is signed

(27) FIVE

Feb 22 1922

(28) Local Registrar

J. T. Thompson

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.