

## (1) PLACE OF BIRTH

County of Horry  
 Township of Wedge Bluff  
 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

1599

Registration District No. 2503Registered No. 5  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dearbough Long

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

yes

(5) Number in order of birth

yes

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 1 1922  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Dorinda Long

(9) PRESENT POSTOFFICE OF FATHER

Horry SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27  
(Years)

(12) BIRTHPLACE

Horry

(13) OCCUPATION

Homemaking

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eddie Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Horry SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Horry

(19) OCCUPATION

Housekeeping

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeHattie Home

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 9 1922

(28) Local Registrar

If 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.

Enter the month of pregnancy.