

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

40938

Registration District No. 401

Registered No. 146
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 12-13-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dora Corral

(9) PRESENT POSTOFFICE OF FATHER

Alor SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Dawson Co SC
Farmington

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Dixie Morris

(15) PRESENT POSTOFFICE OF MOTHER

Alor SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Dawson Co - SC

(19) OCCUPATION

Housewife

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 4 1922 (28) J. E. Bennett
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.

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