

(1) PLACE OF BIRTH

County of Anderson
Township of Center
or
In. 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
15280

Registration District No. 500 Registered No. 68
(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.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child William Henry Dennis

(3) SEX OR GENDER Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year) May 19 1923

FATHER.

(8) FULL NAME James Dennis
(9) PRESENT POSTOFFICE OF FATHER Center, Anderson Co.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE Anderson Co., S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Dennis
(15) PRESENT POSTOFFICE OF MOTHER Center, Anderson Co.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
(18) BIRTHPLACE Anderson Co., S.C.
(19) OCCUPATION Farmer
(20) Number of children of this mother now living, including present birth 1

(21) Number of children born to mother, 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) Anna Dennis

(27) Filed May 23 1923 (28) Anna Dennis 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.