

(1) PLACE OF BIRTH

County of Lee

Township of

or
Inc. Town of Bishopville

or
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

49706

Registration District No. 30 a Registered No. 3

(For use of Local Registrar)

2) Full Name of Child. Ruth Dannelly } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 27 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Robert Dannelly

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Brick Mason

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Smith

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Bishopville S.C.

(19) OCCUPATION Seamstress

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hester Dixon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Bishopville S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness W. R. Fisher
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 24 1916 (28) Mrs. R. J. Laney
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 required of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.

FORM NO. 10. MARGIN RESERVED FOR INDEXING. WITH ENCASED INK—THIS IS A PERMANENT RECORD. S. 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.

McClaw, of Columbia