

## (1) PLACE OF BIRTH

County of ...

Township of ...

OF

Inc. Town of ...

OF

City of *Grinnell*

(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

42501

Registration District No. *22A*Registered No. *654*

(For use of Local Registrar)

(No. *155 Morgan St.* St.; ..... Ward)(2) Full Name of Child *Dolores Caroline Childs*

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

(3) BOY OR GIRL *Girl*(4) Twin or Triplet? *1*(5) Number in order of birth *3*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec 23 1902*  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME *Karson Corbin Childs*(14) NAME BEFORE MARRIAGE *Dolores Smith*(9) PRESENT POSTOFFICE OF FATHER *Grinnell S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Grinnell*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *34*  
(Years)(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *23*  
(Years)(12) BIRTHPLACE *U.S.*(18) BIRTHPLACE *U.S.*(13) OCCUPATION *mechanic*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *3*(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* at *5:40* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Boyer*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Grinnell*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 8 1903* (28) *C. E. Smith* 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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