

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
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

63102

Registrar Only

Registration District No. 401 Registered No. 52

(For use of Local Registrar)

Registrar

Ward  
(or)

## (2) Full Name of Child

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

make  
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 1(6) Are  
Parents  
Married? no(7) DATE OF  
BIRTH June 12, 1916  
(Name of Month) (Day) (Year)1916  
(Year)

## FATHER.

(8) FULL  
NAME

Jarrist Dickinson

(9) PRESENT  
POSTOFFICE  
OF FATHER

alar, S.C.

(10) COLOR  
OR  
RACE negro(11) AGE AT LAST  
BIRTHDAY 19

(Years)

(12) BIRTHPLACE

Bambergo

(13) OCCUPATION

Farm laborer

(14) Number of children born to  
father including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Rosa Dickinson

(15) PRESENT  
POSTOFFICE  
OF MOTHER

alar, S.C.

(16) COLOR  
OR  
RACE negro(17) AGE AT LAST  
BIRTHDAY 17

(Years)

(18) BIRTHPLACE

Bambergo

(19) OCCUPATION

Farm laborer

(20) 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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rosa Dickinson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

alar, S.C.

Given name added from a supplement  
tal report

(26) Witness

Mrs. C. R. My

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

(27) Issued

June 14, 1916

(28)

C. R. My

Local Registrar

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.

return. If  
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