

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Union

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**62949**

Inc. Town of ..... Registration District No. 3B ..... Registered No. 36  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. A. L. Dickerson ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1910  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Dickerson  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Anderson Co. S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Barrie Ethel  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Anderson Co. S.C.  
 (19) OCCUPATION Home Keeping  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Matty Richardson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Piedmont S.C.

Given name added from a supplemental report

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

(27) File June 17 1910 (28) J. L. Howell 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.

Registrar

Local Registrar

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FORM NO. 2  
 MARCH 1908  
 PRINTED AT THE BUREAU OF VITAL STATISTICS  
 THIS IS A PERMANENT RECORD.  
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

WHIT  
 N. B.

McGaw