

Form No. 1

(1) PLACE OF BIRTH

County of UpstateTownship 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

5615

Registration District No. 11 Registered No. 11

(For use of Local Registrar)

(No. 11 St.; 11 Ward)(2) Full Name of Child Eric David

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

(3) BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 11 1910
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wiley D. Dearing(9) PRESENT POSTOFFICE OF FATHER ...(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE ...(13) OCCUPATION ...(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE ...(15) PRESENT POSTOFFICE OF MOTHER ...(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE ...(19) OCCUPATION ...(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) 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.)(22) (Signature) ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed ... 19 ...

(27) 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.

RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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 1.

Bureau of Columbia, Columbia, S. C.