

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or Charleston
 City of Charleston

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

File No.—for State Registrar Only
15841

Registration District No. 4.0.0.4 Registered No. 3.7
 (For use of Local Registrar)

(No. 34) (Ward 10)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 10 1900
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John D. Dismore
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Spanner

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Dismore
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) O. A. Dismore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) W. J. Dismore

(28) C. L. Mayhew Local Registrar

19 1900 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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