

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

File No.—For State Registrar Only  
83601

(1) PLACE OF BIRTH  
County of Sumter  
Township of .....

or  
Inc. Town of ..... Registration District No. 41a Registered No. 269  
or  
City of Sumter (No. 578 S. Main St.; 3 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joby J. Dickinson 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 (Name of Month) (Day) (Year) Oct 22 1916

FATHER.  
(8) FULL NAME Joe Dickinson  
(9) PRESENT POST OFFICE OF FATHER Sumter SC  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY (Years) 23  
(12) BIRTHPLACE Canden SC  
(13) OCCUPATION RR Switchman  
(20) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Camden Nelson  
(15) PRESENT POST OFFICE OF MOTHER Sumter SC  
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY (Years) 20  
(18) BIRTHPLACE Sumter SC  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Susan George  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Cervel W. J. McKoy  
(27) Filed ..... 191..... (28) ..... Local Registrar.

MARGIN RESERVED FOR BINDING.  
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, No. 1. THE OTHER, No. 2, etc., in question 5.

\*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.