

MEAD & COLUMBIA, COLUMBIA, S. C.  
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.

(1) PLACE OF BIRTH  
County of Georgetown  
Township of .....  
or  
Inc. Town of ..... S.C.  
or  
City of ..... (No. .... St.; .... Ward)  
(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  
**4216**

Registration District No. 21.05 Registered No. 24  
(For use of Local Registrar)

(2) Full Name of Child Bruce Philip Dobbin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 25, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edgar Dobbin</u>			(14) NAME BEFORE MARRIAGE <u>Susan Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Georgetown Co. S.C.</u>		(18) BIRTHPLACE <u>Georgetown Co. S.C.</u>		
(13) OCCUPATION <u>Labour in log wood</u>		(19) OCCUPATION <u>Farmhand</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Dozier Midwife  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Andrews SC

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

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

(27) Filed Feb. 28, 1922 (28) T. R. W. Barclay  
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.