

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Fairfield Co.*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *# 9*

or

Inc. Town of

Registration District No. *1908*

Registered No. *5-4*

(For use of Local Registrar)

or

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. *Laurans Dares*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>X</i>	(5) Number in order of birth <i>X</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 23</i>
<small>To be answered only in case of twins or triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *Brester Dares*

(9) PRESENT POSTOFFICE OF FATHER *Wimmsboro S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *29* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farm laborer*

(20) Number of children born to mother, including present birth *1-6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Charlotte Brown*

(15) PRESENT POSTOFFICE OF MOTHER *Wimmsboro S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *25-* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Farm laborer*

(21) Number of children of this mother now living, including present birth *1-6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6/4/20* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Emma Green*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife | *Rison S.S.*

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

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

(27) Filed *July 25, 1914* (28) *D. C. Ruff* 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.

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.
McCaw, of Columbia.

File No.—For State Registrar Only
64238