

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.

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield Co.

Township of 9

or
Inc. Town of

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

64238

Registration District No. 1908 Registered No. 544
(For use of Local Registrar)

(2) Full Name of Child Laurance Dares

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 23 (8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Breton Dares

(10) PRESENT POSTOFFICE OF FATHER Wimborne S.C.

(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 29 (Years)

(13) BIRTHPLACE S.C.

(14) OCCUPATION Farm laborer

(15) Number of children born to mother, including present birth 4

MOTHER.

(16) NAME BEFORE MARRIAGE Charlotte Broom

(17) PRESENT POSTOFFICE OF MOTHER Wimborne S.C.

(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 25 (Years)

(20) BIRTHPLACE S.C.

(21) OCCUPATION Farm laborer

(22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) 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.)

(24) (Signature) Emma Green

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

midwife Rison S.S.

Given name added from a supplemental report

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

(28) Filed July 25, 1914 (29) D. G. 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.