

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Roystonor  
Loc. Town of .....or  
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

5349

Registration District North 106

Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Mannie Dennis

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

(7) BOY OR GIRL <u>girl</u>	(8) Twin or Triplet To be answered only in case of Twin or Triplet	(9) Number in order of birth <u>1</u>	(10) Are Parents Married? <u>yes</u>	(11) DATE OF BIRTH <u>Feb-9</u> (Name of Month) (Day) (Year)
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## FATHER.

(3) FULL NAME Ossie Dennis(5) PRESENT POSTOFFICE OF FATHER Royston SC(12) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41  
(Year)(14) BIRTHPLACE Sumter(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(16) NAME BEFORE MARRIAGE Southern(18) PRESENT POSTOFFICE OF MOTHER Royston, SC(19) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17  
(Year)(15) BIRTHPLACE Sumter(15) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5:09 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jackson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Royston SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. C. Hatcher(27) Filed Feb 10 1925 (28) H. C. Hatcher 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 stillborns before the fifth month of pregnancy.

MARRIAGE REGISTRARS FOR BIRMINGHAM.

WRITE PLAINLY. WITH UNIFORM INK. THIS IS A PERMANENT RECORD.

N. B.—In case of twins or triplets use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 9.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.