

MARGIN RESERVED FOR INDEXING.

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 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Register	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		31750	
Township of <u>Blairville</u>		Bureau of Vital Statistics			
Inc. Town of <u>Blairville</u>		State Board of Health			
City of <u>Blairville</u>		Registration District No. <u>5. A.</u>		Registered No. <u>21</u>	
(If birth occurs in a hospital, other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Almae Water Dykes</u>				If child is not yet named, make supplemental report as directed	
(3) SEX <u>Female</u>	(4) Type of Twins <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 24 1923</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Turner Alfred Dykes</u>			(14) NAME BEFORE MARRIAGE <u>Lily May Aldrich</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blairville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blairville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>			(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>Greenville Co</u>			(18) BIRTHPLACE <u>Greenville Co</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Mark</u> at <u>8:15</u> on the date above stated. (Dead all or stillborn) (Hour M. or P. M.)					
(23) (Signature) <u>J. H. Hughes</u>			(24) State whether Physician or Midwife		
			(25) Address of Physician or Midwife		
Given name added from a supplemental report					
(26) Witness <u>—</u>			(Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>Dec. 10 1923</u>			(28) <u>Dec. 10 1923</u> Local Registrar		

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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