

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 14

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. St.; Ward)

(2) Full Name of Child Archie Monroe Dove

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH July 17, 1923(8) FULL NAME John Dove(9) PRESENT POSTOFFICE OF FATHER Nimesboro, D.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Chesler Co.(13) OCCUPATION Mill Operative(14) NAME BEFORE MARRIAGE Annie Barfield(15) PRESENT POSTOFFICE OF MOTHER Nimesboro, D.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE Kershaw(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7:00 A.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Dr. J. H. Hays(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chesler Co., D.C.

Given name added from a supplemental report

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

(27) Filed Aug 10, 1923 (28) D.M. Hays Local Registrar

19

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
20883Registration District No. 1913 Registered No. 71
(For use of Local Registrar)

(No. St.; Ward)

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