

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of 14
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Register Only
20883

Registration District No. 1913 Registered No. 71
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Carrie Mavour Dorr

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 17 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Dorr</u>	(14) NAME BEFORE MARRIAGE <u>Annie Barfield</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Nimes bro S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nimes bro, S.C.</u>	(16) COLOR OR RACE <u>White</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(12) BIRTHPLACE <u>Chester Co.</u>	(13) OCCUPATION <u>Mill Operative</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(18) BIRTHPLACE <u>Chester Co.</u>	(19) OCCUPATION <u>Mill Operative</u>	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	(16) BIRTHPLACE <u>Kershaw</u>
				(18) OCCUPATION <u>Housewife</u>

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) Samuel Dorr
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
O. M. Haynes
 (27) Filed Aug 10 1923 (28) O. M. Haynes 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.