

(1) PLACE OF BIRTH

County of Durham
 Township of Durham
 or
 Inc. Town of

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

File No.—For State Registrar Only
37952

Registration District No. 4202 Registered No. 68
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maria L. Dale If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER child (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 11 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed T. Dale
 (9) PRESENT POSTOFFICE OF FATHER Beaufort
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Durham
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Durham
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) James Shaw (23) Address of Physician or Midwife Beaufort
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness Ed T. Dale
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Nov 11 1923 (27) Local Registrar James Shaw

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.