

MARGIN RESERVED FOR BINDING. 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 5.

Form No. 1		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 77505	
(1) PLACE OF BIRTH County of <u>Horry</u> Township of <u>Bayboro</u> or Inc. Town of or City of (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>3500</u> Registered No. <u>179</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Lilide Davis Dorman</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 1</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wilson Dorman</u>			(14) NAME BEFORE MARRIAGE <u>Lilide Mishae</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allsbrook</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allsbrook S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Horry Co</u>			(18) BIRTHPLACE <u>Horry Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Horse Keeping</u>		
(20) Number of children born to mother, including present birth { <u>6</u>			(21) Number of children of this mother now living, including present birth { <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>9:10</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. E. Stephens</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Allsbrook S.C.</u>					
Given name added from a supplemental report 191....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Sept 4</u> 191 <u>6</u> (28) <u>J. B. Gervais</u> 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.