

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Brook River
 or
 Inc. Town of
 or
 City of

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

5812

Registration District No. 4407 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Darby Dye (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Name Is it recorded in case of Father or Mother (5) DATE OF BIRTH Feb 10 1923
 (Time of Birth) (Day) (Year)

FATHER.
 (6) FULL NAME Red Dye
 (7) PRESENT RESIDENCE OF FATHER Chickery Grove
 (8) COLOR OR RACE col (9) AGE AT LAST BIRTHDAY 38
 (10) BIRTHPLACE York
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 3

MOTHER.
 (13) FULL NAME Darby Dye
 (14) PRESENT RESIDENCE OF MOTHER Chickery Grove
 (15) COLOR OR RACE col (16) AGE AT LAST BIRTHDAY 32
 (17) BIRTHPLACE York
 (18) OCCUPATION Farmer
 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (Born A. M. or P. M.)
 on the date above stated.

(21) (Signature) Betty Moore
 (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife W. Moore

Given name added from a supplemental report
L. D. Dye
Feb 11 1923

(24) Witness (Signature of Witness necessary only when question 23 is signed) W. Moore
 (25) Date Feb 11 1923

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child dies before even born, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.