

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

*Dorchester**St. George*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28140

Registration District No. *1708*Registered No. *57*

(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.)

(2) Full Name of Child *Mamie Black*

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

(3) BOY OR GIRL *girl*(4) Twin or Triplet ☒(5) Number in order of birth *2*(6) Are Parents Married *yes*(7) DATE OF BIRTH *Sept 23, 13*

FATHER.

(8) FULL NAME *Peter J. Black*(9) PRESENT POSTOFFICE OF FATHER *St. George S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *40*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Sweet*(15) PRESENT POSTOFFICE OF MOTHER *St. George S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *35*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *X Mary Simmons*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *St. George S.C.*

Given name added from a supplemental report

(26) Witness *X J. S. Jennings*

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

(27) Filed *Oct. 10, 13*(28) *Miss Betty Fleming*

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.