

(1) PLACE OF BIRTH

County of Richland
 Township of Liberty
 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 Registrar Only
26875

Registration District No. Registered No.
 (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 James P. Dineen If child is not yet named, make supplemental report as directed

(3) Sex of Child Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME James P. Dineen
 (9) PRESENT POSTOFFICE OF FATHER Jacksonville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE CCSA
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Martha Dineen
 (15) PRESENT POSTOFFICE OF MOTHER Jacksonville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE CCSA
 (19) OCCUPATION X

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Dineen
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Jacksonville

Given name added from a supplemental report

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

(27) Filed Oct 10 1923 (28) Anna Dineen Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make in a 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.