

(1) PLACE OF BIRTH

County of Sumner

Township of Middle

or  
Inc. Town of .....

or  
City of .....

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

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53902

Registration District No. 1403 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Anna Eliza Dickel

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE

BIRTH Nov 25 1916

(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Wesley Dickel

(9) PRESENT POSTOFFICE OF FATHER Wedgefield

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

#### MOTHER.

(14) NAME BEFORE MARRIAGE Almeta Evans

(15) PRESENT POSTOFFICE OF MOTHER Wedgefield

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 0

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose J. Galt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wedgefield

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Nov 31 1916 (28) R. Rank M.D. 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.

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THIS IS THE OFFICIAL STATE OF SOUTH CAROLINA BUREAU OF VITAL STATISTICS FORM NO. 1, 1916. IT IS TO BE FILLED BY THE ATTENDING PHYSICIAN OR MIDWIFE, OR BY THE FATHER, HOUSEHOLDER, ETC., IN CASE OF STILLBIRTHS. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.