

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Lancaster STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Rock Creek State Board of Health

File No. For State Registrar Only
90525

Inc. Town of Registration District No. 1003 Registered No. 21
 or (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 } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Vertel Dabney

(9) PRESENT POSTOFFICE OF FATHER Kershaw A.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE Lancaster Co. S.C.

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth } 5

MOTHER.

(14) NAME BEFORE MARRIAGE Wmey Hunter

(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Lancaster Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Bell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kershaw A.C.

Given name added from a supplemental report

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

(27) Filed 191... (28) 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.



In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS FORM, No. 3, etc., in question 5.