

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38044

Registration District No. 4401 Registered No. 73-
 (For use of Local Registrar)

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

3. BOY OR GIRL boy 4. Twins or Triplets one 5. Number in order of birth 6. Age Parents Married yes 7. DATE OF BIRTH Oct 7 1923
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Amos Dickson
 9. PRESENT POSTOFFICE OF FATHER Authries S. C.
 10. COLOR OR RACE collord 11. AGE AT LAST BIRTHDAY (Year) 25
 12. BIRTHPLACE Baltimore N.C.
 13. OCCUPATION farming
 14. Number of children born to mother, including present birth 4

MOTHER.

15. NAME BEFORE MARRIAGE Hattie Tim
 16. PRESENT POSTOFFICE OF MOTHER Authries S. C.
 17. COLOR OR RACE collord 18. AGE AT LAST BIRTHDAY (Year) 26
 19. BIRTHPLACE York County, C.
 20. OCCUPATION farming
 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 alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife(24) State midwife(25) Address of Physician or Midwife Authries S. C.

Given name added from a supplemental report

(26) Witness Huth Hall

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

(27) Filed Nov 1st 1923

(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.