

## (1) PLACE OF BIRTH

County of FlorenceTownship of Back Branch

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

28273

Registration District No. ....

Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Word)

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

(2) Full Name of Child E. Louis Dyer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9/19/23</u> (Month of Birth) (Day) (Year)
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## FATHER.

(8) FULL NAME Victor E. Dyer(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Florence S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Victor E. Dyer(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Florence S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) E. Louis Dyer(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(26) Filed Oct 2 1923 (27) Local Registrar E. Louis Dyer

\*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 required of children born before the fifth month of pregnancy.