

(1) PLACE OF BIRTH

County of Durham  
Township of .....  
or  
Inc. Town of .....  
or  
City of Columbia  
(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  
**2807**

Registration District No. 18A Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child John Orlton Dypart Jr. (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      (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11, 1932  
To be answered only in event of Twins or Triplets (Sex of Month) (Day) (Year)

FATHER.

8) FULL NAME John Orlton Dypart  
9) PRESENT POSTOFFICE OF FATHER Columbia, D.C.  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Year)  
12) BIRTHPLACE Ferrie, N.C.  
13) OCCUPATION Cotton-buyer  
20) Number of children born to mother, including present birth 11

MOTHER.

14) NAME BEFORE MARRIAGE Agnes Barton  
15) PRESENT POSTOFFICE OF MOTHER Columbia, D.C.  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Year)  
18) BIRTHPLACE Hartford, N.C.  
19) OCCUPATION None  
21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 2:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert S. Siskel Physician  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
1512 Union St.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1-15-32 (28) W. H. Kern  
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.

RECORD OF COLUMBIA, SOUTH CAROLINA  
FIRST-BORN, No. 1. THIS OFFICE, No. 2, ETC., IN QUESTION