

(1) PLACE OF BIRTH

County of

Township of

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

31991

Registration District No. 17.03

Registered No. 660000
(For use of Local Registrar)

(2) Full Name of Child

Alfred Smith Dafe

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 17 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Roger Dafe

(9) PRESENT POSTOFFICE OF FATHER

Badham SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Brakeman on R.R.

MOTHER

(14) NAME BEFORE MARRIAGE

Willie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Badham SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Womestic

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

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...

Living

at 1 P. M. born alive or stillborn (Hour, M. or P. M.)

on the date above stated.

(23) (Signature)

J. B. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

100 King St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov. 10 1923

(28) Betty Jennings

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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