

Form No. 1

PLACE OF BIRTH

County of Marion

Township of

or
City of Mullinsor
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

90861

Registration District No. 32 B Registered No. 1055
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

FATHER:

(1) FULL NAME Paul Dempsey

(2) PRESENT POSTOFFICE OF FATHER Mullins, S.C.

(3) COLOR OR RACE negro

(4) BIRTHPLACE Wilson, N.C.

(5) OCCUPATION Day Laborer

(6) Number of children born to mother, including present birth 7

MOTHER:

(14) NAME BEFORE MARRIAGE Daisy Ford

(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Chas. J. Ford

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Mullins, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks) J. H. Hogan

(27) Filed 12/13/16 (28) J. H. Hogan 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.