

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.

Cav. of Columbia

(1) PLACE OF BIRTH Charleston  
 County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of .....  
 or  
 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

48672

Registration District No. 1313Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Clyde Harris Dingle  
 If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be reported only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 8, 1906</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER'S FULL NAME <u>Chester Dingle</u>			(14) MOTHER'S NAME (Last, First, Middle) <u>Hattie Jayron</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Davis St., S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Davis St. S.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Wid</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 9 P.M. on the date above stated.  
(Born, day or stillborn) (Hour & M. or P.)

(23) (Signature) Isabella J. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Davis St., S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

(Signature of witness necessary only when question 24 is signed by mark)

(27) Filed Jan 10, 1906

..... 191.....

(28)

Ed. H. Smith  
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.

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