

(1) PLACE OF BIRTH

County of YorkTownship of Thurgate Mtn.or
Inc. Town 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

38112

Registration District No. 4407 Registered No. 157
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make

(a) SEX OF CHILD <u>Male</u>	(b) Type of Birth <u>Normal</u>	(c) Number in order of birth <u>5</u>	(d) Age of Mother <u>24</u>	(e) DATE OF BIRTH <u>Mar 23 1923</u>
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FATHER.

(a) FULL NAME Rev. Dickinson(b) PRESENT RESIDENCE OF FATHER Center St(c) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37(12) BIRTHPLACE York Co SC(13) OCCUPATION Furnace(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 15

MOTHER.

(15) NAME BEFORE MARRIAGE Emma Dickinson(16) PRESENT RESIDENCE OF MOTHER Center St(17) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33(18) BIRTHPLACE York Co SC(19) OCCUPATION Housewife(20) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 7:50 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Thos B Hall

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Pharmacy Center St

Give name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by a physician)

(26) Filed Dec 10 23

(27) 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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