

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12067

Registration District No. 4100 Registered No. 26

(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.)

(2) Full Name of Child I. H. DILLARD If child is not yet named, make supplemental report as directed

(3) SEX OR GEAR Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH March 26 1920

FATHER. MOTHER.

(8) FULL NAME Isaac Dillard (14) NAME BEFORE MARRIAGE Marie Rice

(9) PRESENT POSTOFFICE OF FATHER Enore S.C. A.T. 24 (15) PRESENT POSTOFFICE OF MOTHER Enore S.C. A.T. 24

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Laurens Co., S.C. (18) BIRTHPLACE Laurens Co., S.C.

(13) OCCUPATION Laborer (19) OCCUPATION At-home

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was. Born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn (Hour:Min. or P. M.))

(23) (Signature) M. P. Patton (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Cross Creek, S.C.

Given name added from a supplemental report

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

(27) Filed by (28) C. H. Hanna 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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