

(1) PLACE OF BIRTH
Greenville
County of
Township of Bates.....
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
64482

Registration District No. 2201 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Robert Dickey } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Elias Dickey

(14) NAME BEFORE MARRIAGE

MOTHER. Hettie Foster

(9) PRESENT POSTOFFICE OF FATHER Travellers Rest, S.C.

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Pickens Co.S.C.

(18) BIRTHPLACE Greenville Co.S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION At home

(20) Number of children born to mother, including present birth { 10

(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John E. C. Strand
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 24 1916 (28) J. E. C. Strand 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.