

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

5254

Registration District No. 3664

Registered No. 10
(For use of Local Registrar)

St. Ward

(2) Full Name of Child

Ernestine Dally

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ernest Dally

(9) PRESENT POSTOFFICE OF FATHER

Winston N. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Orangeburg Co.

(13) OCCUPATION

Farm Laborer

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

1

(14) NAME BEFORE MARRIAGE

Queenie Amaster

(15) PRESENT POSTOFFICE OF MOTHER

North St.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Orangeburg Co.

(19) OCCUPATION

Farm Laborer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Manda P. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

North St.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Jan 20, 1922

(28)

J. H. Wolfe
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.

FORM NO. 2 - MARGIN RESERVED FOR INDEXING
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McGraw, of Columbia.