

MARGIN RESERVED FOR ENDING.

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. THE OTHER, No. 2, etc., in question 1.

Return to Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of
or
Inc. Town of
or
(City of)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only
42965

Registration District No. 4008 Registered No. 369
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Dillard (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) <u>4</u> (Day) <u>2</u> (Year) <u>1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Louis C. Dillard</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Ballinger</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>	
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Lancaster
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spartanburg 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 1-1-24 (28) Mrs. E. J. Parker 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.