

(1) PLACE OF BIRTH

County of SumterTownship of Shiloh

Inc. 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

53933

Registration District No. 4107 Registered No. 21

(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 Gerard Cecil Dennis If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>3 11 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Georg H. Dennis(9) PRESENT POSTOFFICE OF FATHER Shiloh, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Sumter Co SC(13) OCCUPATION Trainer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel E. Dickerson(15) PRESENT POSTOFFICE OF MOTHER Shiloh, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Sumter Co SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was 5 at 5 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Rose(24) State whether Physician or Midwife (25) Address of Physician or Midwife Shiloh SC

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 3-11-1916 (28) B. M. Brown 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 required of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.

(copy from original in pencil.)

Form No. 10.
 WHEN PLAINLY, WITH CREASING INK—THIS IS A CLEARANCE 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 5.

Alway
 of Columbia