

(1) PLACE OF BIRTH

County of Union
 Township of Bozonville
 or
 Inc. Town of Buffalo
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

12374

Registration District No. 4203Registered No. 41
(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 Dorrie Elizabeth Banks

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 9, 1923
(Month of Birth) (Day) (Year)

FATHER.

8) FULL NAME Wm. Edward Banks

9) PRESENT POSTOFFICE OF FATHER

Buffalo SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28
(Years)

12) BIRTHPLACE

Kennessee

13) OCCUPATION

textile

14) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

Mrs. Elizabeth Banks

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 432 M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

11210Buffalo SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 10, 1923

(28)

Local Registrar

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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