

(1) PLACE OF BIRTH

County of Horry

Township of Rockwell

or
Inc. Town of

or
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
77560

Registration District No. 2547 Registered No. 30
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rock Dewitt

(9) PRESENT POSTOFFICE OF FATHER Vina, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary J. Bratcher

(15) PRESENT POSTOFFICE OF MOTHER Vina, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:50 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liza Dewitt (24) State whether Physician or Midwife (25) Address of Physician or Midwife Vina, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 9/11/16 (28) B. H. Shelton, Jr. 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.

MARGIN RESERVED FOR BINDING. 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 OTHERS, No. 2, etc., in question 5. McCraw, of Columbia.