(1) PLACE OF BIRTH

County of Barnwell

Township of Allendale
or
Inc. Town of Allendale
or
City of .....

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

(No. ..... St., ... Ward)

CERTIFICATE OF BIRTH

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

Registration District No. 608

File No. 84397 — For State Registrar Only

Registered No. 152
(For use of Local Registrar)

(2) Full Name of Child Rachael Graham Dicks (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 Nov 24 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robbie Dicks

(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Hotel Porter

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Graham

(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.8 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Georgianna McCady

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: mark Allendale S.C.

Given name added from a supplemental report .....

..... 19.... Registrar

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 27 1916 (28) F. M. Woodward 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.