

Form No. 1

## (1) PLACE OF BIRTH

County of Marietta  
 Township of Dixton Neck  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39367

Registration District No. 3200 Registered No. 65  
 (For use of Local Registrar)

City of..... (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 Mc Roy Dozier (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Nov. 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Frank Dozier

9) PRESENT POSTOFFICE OF FATHER Greensboro, S.C.

10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 35  
 (Year)

12) BIRTHPLACE S.C.

13) OCCUPATION Laborer

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

## MOTHER.

14) NAME BEFORE MARRIAGE Rebecca Richardson

15) PRESENT POSTOFFICE OF MOTHER Greensboro, S.C.

16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 25  
 (Year)

18) BIRTHPLACE S.C.

19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victoria Wright  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Greensboro, 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 Dec 6, 1922 (28) W. J. Dozier  
 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.

MADE IN THE UNITED STATES OF AMERICA. PRINTED AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. No. 1. —in case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK FOR EACH CHILD, and mark the BIRTH-ORDER, No. 1, 2, etc., in question 5.