

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 OTHER, No. 2, etc. in question 5.

MCGRAW HILL BOOK CO., COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Calhoun  
Township of Sugar  
or  
Inc. Town of  
or  
City of (No. St.; Ward)  
(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

80444

Registration District No. 802

Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child

Joseph Dove

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

Oct 1 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elizah Dove

(9) PRESENT POSTOFFICE OF FATHER

Cameron, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Calhoun Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Jamison

(15) PRESENT POSTOFFICE OF MOTHER

Cameron, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Calhoun Co

(19) OCCUPATION

Housewife

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

7

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

born alive at 10 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. Henrietta Brown

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cameron, 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

Oct 8 1915

(28)

W. S. Keller

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.