

Form No. 8

(1) PLACE OF BIRTH

County of

Township

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3003

FILE NO. For State Registrar Only

21733

Registered No. 82

(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 Dorcas E. Leggett Wincham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

July 21 1919
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Marion Dickerson

(9) PRESENT POSTOFFICE OF FATHER

Conroy

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 17
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Team hand(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE

Lett Wincham

(15) PRESENT POSTOFFICE OF MOTHER

Conroy

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 15
(years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Team help(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phy. W. J. Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

ConroyDaly all

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 25 1919(28) Phy. W. J. Gray(29) Daly all

*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.