

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, THIS OFFICE, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>66557</b>
County of <u>Willoughby</u>				
Township of <u>Adrian</u>				
Inc. Town of _____ or _____ City of _____ (No. _____)		Registration District No. <u>4300</u> Registered No. <u>25</u> (For use of Local Registrar)		
City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.: _____ Ward: _____ If child is not yet named, make supplemental report as directed		
(2) Full Name of Child <u>Josephus Dorby</u>				
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
				<u>June 16, 1914</u>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>John Dorby</u>			(14) NAME BEFORE MARRIAGE <u>Conna Lee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Iris S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Iris</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Farm work</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7</u> <u>9</u> A.M. (Born alive or stillborn) (Hour A. M. or P. M.)				
on the date above stated.				
(23) (Signature) <u>W. J. [illegible]</u>			(24) Address of Physician or Midwife <u>Iris, S.C.</u>	
(25) State whether Physician or Midwife				
Given name added from a supplemental report _____ _____ _____ Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. J. [illegible]</u> (27) Filed <u>6-25-1914</u> (28) <u>W. J. [illegible]</u> 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.