

1. PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of St. P. St. M.

Ins. Town of _____

Registration District No. 909

Registered No. _____

City of _____

(No. 6 Mile St.)

(For use of Local Registrar)

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

2. FULL NAME OF CHILD

Mildred Dantzler

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Sex (Male or Female)

7. NAME OF BIRTH

To be answered only in event of Twin or Triplet

yesJune 25

8. FULL NAME

Chin Dantzler

9. PRESENT RESIDENCE OF FATHER

Myers S. C.

10. COLOR OR RACE

Col

11. AGE AT LAST BIRTHDAY

43

(Years)

12. BIRTHPLACE

Orangeburg S. C.

13. OCCUPATION

Farmer

14. NAME BEFORE MARRIAGE

Celia Bowman

15. PRESENT RESIDENCE OF MOTHER

Myers S. C.

16. COLOR OR RACE

Col

17. AGE AT LAST BIRTHDAY

35

(Years)

18. BIRTHPLACE

Charleston S. C.

19. OCCUPATION

Housework

20. Number of children born to mother, including present birth

8

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive 9:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Isaac Goodwin

24. State (Physician, Surgeon, or Midwife)

25. Address of Physician or Midwife

R. Midwife

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 22 is signed by mother)

27. Filed

June 25 1923E. F. Moore

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.

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