

Form No. 1

## (1) PLACE OF BIRTH

County of Berkley  
 Township of Easton  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6662

Registration District No. 2.0.8. Registered No. 36  
 (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 Jules Dingle {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 March 23, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louise Dingle

(9) PRESENT POSTOFFICE OF FATHER Easton, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE Berkley Co.

(13) OCCUPATION Farming

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Billiard

(15) PRESENT POSTOFFICE OF MOTHER Easton, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (Years)

(18) BIRTHPLACE Berkley Co.

(19) OCCUPATION Housewife

(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 Born alive at 1.00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patty Rembert (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Easton

Given name added from a supplemental report:

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

(27) Filed March 27, 1922 (28) D.W. Cross 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.