CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9334

(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

Registration District No. ..... Registered No. 54
(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 James Dick Jr

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH march 30 1922 (Name of Month) (Day) 19 (Year)

FATHER.	MOTHER.
(8) FULL NAME James Dick	(14) NAME BEFORE MARRIAGE Lurice Willis
(9) PRESENT POSTOFFICE OF FATHER Sumter	(15) PRESENT POSTOFFICE OF MOTHER Sumter
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 13 (Years)
(12) BIRTHPLACE Sumter co.	(18) BIRTHPLACE Sumter co.
(13) OCCUPATION Labor	(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 1 one	(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Cornelia Albert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed ..... 19 .... (28) ..... 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark (for FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
WRITE PLAINLY, WITH INDELIBLE INK.—THIS IS A PERMANENT RECORD.
Bureau of Vital Statistics, Columbia, S. C.