

(1) PLACE OF BIRTH

County of

Township of

or  
The Town of

or  
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

File No. - For State Registrar Only

79821

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4407

Registered No. 118  
(For use of Local Registrar)

(3) BOY OR GIRL  
Boy

(4) Twin or Triplet? -

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jeff Dicks

(9) PRESENT POSTOFFICE OF FATHER

Clover SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

Chesnut Co NC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella White

(15) PRESENT POSTOFFICE OF MOTHER

Clover SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Housekeeper

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

4

(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  
on the date above stated.

Wm. .... at 7:00 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) FINE

10

(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.