

## (1) PLACE OF BIRTH

County of JustusvilleTownship of Justusville

or

Inc. Town of Justusville

or

City of Justusville

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17226

Registration District No. 1206Registered No. 54  
(For use of Local Registrar)(2) Full Name of Child Joseph

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH June 10 1923

## FATHER

(8) FULL NAME James D. Dancy(9) PRESENT POSTOFFICE OF FATHER Justusville(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Birth Dancy(15) PRESENT POSTOFFICE OF MOTHER Justusville(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 12(18) BIRTHPLACE S.C.(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 Justusville S.C. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James D. Dancy(24) State whether Physician Midwife(25) Address of Physician or Midwife Justusville S.C.Given name added from a supplemental report 17226(26) Witness James D. Dancy

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

(27) Filed 6/23/23Local Registrar James D. DancyWhen 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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