

1. PLACE OF BIRTH

County of

Richland

Township of

7016

Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

3802

FILE No.—For State Registrar Only

44208

Registered No.

4

(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

Esther Dancy

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

3. SEX OR

*Girl*4. Twin or
Triplet?*✓*5. Number in order
of birth*4*6. Are
Parents
Married?*Yes*

7. DATE OF BIRTH

Sept 24 1923

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8. FULL
NAME*Smith Dancy*9. PRESENT
POSTOFFICE
OF FATHER*Ches*10. COLOR
OR
RACE*negro*11. AGE AT LAST
BIRTHDAY*28*

(Years)

12. BIRTHPLACE

A.C.

13. OCCUPATION

farmer

MOTHER

14. NAME BEFORE
MARRIAGE*Flora Lybrand*15. PRESENT
POSTOFFICE
OF MOTHER*Chapin*16. COLOR
OR
RACE*negro*17. AGE AT LAST
BIRTHDAY*27*

(Years)

18. BIRTHPLACE

A.C.

19. OCCUPATION

*farm hand*20. Number of children born to
mother, including present birth*1*21. Number of children of this mother
now living, including present birth*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was *Born alive* at *6 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Charles Thompson

24. State whether Physician or Midwife

Midwife

Given name added from a supplemental report

25. Witness

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

27. Filed

Jan 29 1924

28.

John G. Haller

19. Registrar

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.