

## (1) PLACE OF BIRTH

County of Gibson  
 Township of Forest Grove  
 Inc. Town of Forest Grove, S.C.  
 or  
 City of \_\_\_\_\_

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. \_\_\_\_\_ Street, \_\_\_\_\_ Ward)

(2) Full Name of Child Doris Lee Pitts

## CERTIFICATE OF BIRTH

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

Registration District No. 803

No. — For State Register Only  
**3093**

Registered No. 9  
 (For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If child is not yet named, make  
 supplemental report as directed  
 DATE OF BIRTH July 10, 1943  
 (Month) (Day) (Year)

(a) Sex - <u>Girl</u>	(b) Twin or Triplet - _____	(c) Number in order of birth To be answered only in event of Twins or Triplets! <u>1</u>	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>July 10, 1943</u> MOTH. (Month) DAY (Day) YEAR (Year)
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## FATHER

(1) FULL NAME Dennis Pitts  
 (2) PRESENT POSTOFFICE OF FATHER Lone Star, S.C.  
 (3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 20 (Years)  
 (5) BIRTHPLACE S.C.

## (6) OCCUPATION

Farmer

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

MOTHER Bessie McFadden

(10) PRESENT POSTOFFICE OF MOTHER Lone Star, S.C.  
 (11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 19 (Years)  
 (13) BIRTHPLACE S.C.

## (14) OCCUPATION

Wife

(15) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(16) I hereby certify that I attended the birth of this child, who was alive at 1 a.m. (Hour A. M. or P. M.)  
 on the date above stated.

(17) (Signature) Chellie Saba

(18) State whether Physician or Midwife

(19) Address of Physician or Midwife Lone Star, S.C.

Given name added from a supplemental report

(20) Witness Hiro J. D. Strode

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

10  
Registrar

(21) Filed July 10, 1943

(22) Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this report.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn babies  
 before the fifth month of pregnancy.