

WHITE PLAIN, WITH UNBORN INFANT—THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE; IN CASE OF EACH CHILD, AND MARK THE FIRST-BORN NO. 1 THE OTHER NO. 2, ETC., IN QUESTION 3.

(1) PLACE OF BIRTH

County of Oconee
Township of Keloville
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

19593

Registration District No. 3502 Registered No. 60
(For use of Local Registrar)

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

(2) Full Name of Child Haskell D. Dindley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1923
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Pink Dindley
(9) PRESENT POSTOFFICE OF FATHER Seneca Sc.
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE Newberry
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Brownlee
(15) PRESENT POSTOFFICE OF MOTHER Seneca Sc.
(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 25
(18) BIRTHPLACE Anderson Sc.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (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 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M.C. Benson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife West Union Sc.

Given name added from a supplemental report

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

....., 19 23 Registrar Sam W. Smith 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.