

* By Court Order: 9/5/74

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County <u>Crawford</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		74181	
Township of <u>Calhoun</u>		Registration District No. <u>3604</u>		Registered No. <u>93</u>	
or Inc. Town of <u>* Dennis Dash</u>		(No. St.; Ward)		(For use of Local Registrar)	
City of <u>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</u>		(2) Full Name of Child <u>Samuel Dash</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Marital in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Adam Dash</u>			(14) NAME BEFORE MARRIAGE <u>Lavinia Borden</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>North S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(18) BIRTHPLACE <u>Crawford County</u>		
(12) BIRTHPLACE <u>Crawford County</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(20) Number of children born to mother, including present birth <u>7</u>		
(21) Number of children of this mother now living, including present birth <u>3</u>			CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>May Borden</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>North S.C.</u>					
Given name added from a supplemental report					
<u>C. O. # 7517</u>					
<u>Filed 9/20/74</u> <u>Reg.</u> 19					
Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Aug 28 1916</u> (28) <u>F. A. Moyle</u> 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.

MADE IN COLUMBIA, S. C.