

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Plowden's mill  
 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

29733

Registration District No. 1314 Registered No. .... 57 .....  
 (For use of Local Registrar)

City of ..... (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 May Dinkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 20, 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Morse Dinkins</u>	(14) NAME BEFORE MARRIAGE <u>Lily Plowden</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Alcolu, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Alcolu, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Low Scott  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Alcolu S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 20, 1922 (28) R. C. Thompson 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.