

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

(1) PLACE OF BIRTH

County of Allendale
Township of Smith, Pond
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

20764

Registration District No. 4603. Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Julia Junior Dobson 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 10 6) Are Parents Married? Yes 7) DATE OF BIRTH June 29, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME	<u>Charlie Dobson</u>	14) NAME BEFORE MARRIAGE	<u>Julia Brown</u>
9) PRESENT POSTOFFICE OF FATHER	<u>Allendale S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER	<u>Allendale S.C.</u>
10) COLOR OR RACE	<u>Black</u>	16) COLOR OR RACE	<u>Black</u>
11) AGE AT LAST BIRTHDAY	<u>40</u> (Years)	17) AGE AT LAST BIRTHDAY	<u>30</u> (Years)
12) BIRTHPLACE	<u>Allendale S.C.</u>	18) BIRTHPLACE	<u>Allendale S.C.</u>
13) OCCUPATION	<u>Farm Laborer</u>	19) OCCUPATION	<u>Farm Laborer</u>
20) Number of children born to mother, including present birth	<u>110</u>	21) Number of children of this mother now living, including present birth	<u>110</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Jordan (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness U.S. Hall (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 12, 1922 (28) J.R. Rouse 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.

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