

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of twins or triplets use SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Spaulding
Township of Irishville
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

20202

Registration District No. 4073

Registered No. 51.....
(For use of Local Registrar)

(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

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 9, 1922
(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME James D. Dyer

(9) PRESENT POSTOFFICE OF FATHER Irishville

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Irishville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Anderson

(15) PRESENT POSTOFFICE OF MOTHER Irishville

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Irishville

(19) OCCUPATION Domestic and farm hand

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... alive..... at..... 4 A...... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. D. Philson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Essence, 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 June 20, 1922 (28) C. D. Hanna 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.