

(1) PLACE OF BIRTH

County of Union
Township of Boyanville
or
Inc. Town of Buffalo
of
City of

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

File No. - For State Registrar Only
30410

Registration District No. 473 Registered No. 102
(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 Mildred Katharine Dorman If child is not yet named, make supplemental report as directed

3) BOY OR GIRL 4) Twin or Triplet 5) Number in order of birth 6) Sex of Parent (M or F) no 7) DATE OF BIRTH (Month) Sept (Day) 10 (Year) 23
To be answered only in event of Twin or Triplet

FATHER.
8) FULL NAME Richard Dorman
9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
12) BIRTHPLACE S.C.
13) OCCUPATION Operator Cotton Mill
14) Number of children born to father, including present birth one

MOTHER.
14) NAME BEFORE MARRIAGE Osie McMillan
15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
18) BIRTHPLACE Ta.
19) OCCUPATION Domestic
20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Not A. M. or P. M.)

(23) (Signature) J. P. Sallay
(24) State whether Physician or Midwife no (25) Address of Physician or Midwife Union 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 Oct 10 19 23 (28) Joe F. Fordward 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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