

(1) PLACE OF BIRTH

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

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

File No. - For State Registrar Only

30419

Registration District No. 423Registered 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 Catherine 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
To be answered only in event of Twin or Triplet

(6) Are Parents Married

DATE OF BIRTH Sept 10 23
(Month of birth) (Day) (Year)

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
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Operator Cotton Mill

(20) Number of children born to mother, 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
(Years)

(18) BIRTHPLACE

Ta.

(19) OCCUPATION

Domestic

(21) 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. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 23 (28) Joe H. P. Dorman 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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