Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 6660

(1) PLACE OF BIRTH

County of Berkeley
Township of Cuttaw
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 208 Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Bussie Dingle — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Girl
(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: Mch 22 22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: William Dingle
(9) PRESENT POSTOFFICE OF FATHER: Cross S.C.
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 24 (Years)
(12) BIRTHPLACE: Berkeley Co
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Ellen President
(15) PRESENT POSTOFFICE OF MOTHER: Cross S.C.
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 17 (Years)
(18) BIRTHPLACE: Berkeley Co
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Bussey
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Cross, S.C.

Given name added from a supplemental report
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..... 19 ....
Registrar

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

(27) Filed Mch 28 1922 (28) D. W. Cross
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.