

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

581

County of CharlestonTownship of St. Jamesor Inc. Town of McClellanville

City of

Registration District No. 906Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Dillingard If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Jan 21</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Dillingard</u>	(14) NAME BEFORE MARRIAGE <u>Emily German</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Charleston Co</u>	(13) OCCUPATION <u>Day Labour</u>	(18) BIRTHPLACE <u>Charleston Co</u>	(19) OCCUPATION <u>Day Labour</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Chas. H.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed Feb 8 1923 (28) W. E. Buchanan Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.