

Form No. 1.

(1) PLACE OF BIRTH

County of Anderson  
Township of Pin

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45882

Registration District No. 1317 Registered No. 2  
(For use of Local Registrar)  
St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 17</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Allen Dingle</u>			(14) NAME BEFORE MARRIAGE <u>Wilkes Bennet</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bloomville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bloomville</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>don't know</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Leis Station</u>			(18) BIRTHPLACE <u>Furston</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Jan at 2 A.M. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Dingle  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife

Given name added from a supplemental report

(26) Witness Anna Dingle  
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 22 191... (28) W. T. Spratt  
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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia