

WITH PLAINLY, WITH UNFADING INK—USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Richland  
Township of Center  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**91590**

Registration District No. 3801 Registered No. ....  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Matthie Dinsion { 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) Are Parents Married? (7) DATE OF BIRTH Dec. 10, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Jim Dinsion  
(9) PRESENT POSTOFFICE OF FATHER Dentsville R1  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Richland County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Dentsville R1  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Richland County  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. B. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Dentsville S.C.  
1016 Dent

Given name added from a supplemental report  
....., 191....  
..... Registrar

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

(27) Filed .....101.... (28) ..... 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.

Before the fifth month of pregnancy