

Form No. 1

(1) PLACE OF BIRTH

County of Rich Land

Township of

Inc. Town of

City of Richland

CERTIFICATE OF BIRTH

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

File No. 18917

Registration District No. 380

Registered No. 486
(For use of Local Registrar)

(No. Richland Hospital 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 Sannie Lee Dye

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1925
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Irvin Dye

(9) PRESENT POSTOFFICE OF FATHER New Brooklyn SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Year)

(12) BIRTHPLACE SC.

(13) OCCUPATION mechanic

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth

(15) PRESENT POSTOFFICE OF MOTHER New Brooklyn SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Year)

(18) BIRTHPLACE SC.

(19) OCCUPATION Housewife

(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 born alive at 12:45 P.M.
on the date above stated. (Born alive or stillborn) (Hour-M. or P. M.)

(23) (Signature) W. H. Dye

(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 7-10-25 at Richland
Registrar

before the fifth month of pregnancy.