

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

No. 10.—For State Registrar Only

31447

Registration District No. 46.00

Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child

(a) SEX OR
GENDER(b) Twin
or Triplet(c) Number in
order of birth(d) Age
in years
months(e) DATE OF
BIRTH

(f) (Month) (Day) (Year)

FATHER.

(a) FULL NAME Laurie Dobson.

(b) PRESENT RESIDENCE OF FATHER Kline - S. C.

(c) COLOR OR RACE Colored.

(d) BIRTHPLACE S. C.

(e) OCCUPATION Farm Hand.

(f) Number of children born to mother, including present birth 5

MOTHER.

(a) NAME BEFORE MARRIAGE Marie Mule

(b) PRESENT RESIDENCE OF MOTHER Kline

(c) COLOR OR RACE Colored

(d) BIRTHPLACE S. C.

(e) OCCUPATION Housewife

(f) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State Physician, 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 22 is signed by mother)

(27) Filed

Nov. 28, 1923.

(28)

J. H. Boyd M.D. 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.