

(1) PLACE OF BIRTH

County of Edgefield
 Township of St. James
 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

40080

Registration District No. Registered No. 4
 (For use of Local Registrar)

(No. 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

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 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1924
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Dandis
 (9) PRESENT POSTOFFICE OF FATHER Turner S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (Year) (12) BIRTHPLACE Edgefield County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Hether
 (15) PRESENT POSTOFFICE OF MOTHER Turner S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Year) (18) BIRTHPLACE Edgefield County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) J. D. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Turner S. C.

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed Jan 2 1924(28) 1924(29) 1924(30) 1924(31) 1924(32) 1924(33) 1924

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 Registrar

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.

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