

(1) PLACE OF BIRTH

County of CalhounTownship of Union

or

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

63299

Registration District No. 800Registered No. 81

(For use of Local Registrar)

(2) Full Name of Child Harriet Corbin Dyer

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jun 19 1916</u>
------------------------------	----------------------	------------------------------	-------------------------------------	--------------------------------------

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. L. Dyer(9) PRESENT POSTOFFICE OF FATHER H. Matthews(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 61 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lilian Kerling(15) PRESENT POSTOFFICE OF MOTHER H. Matthews(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Murray Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife H. Matthews

Given name added from a supplemental report

(26) Witness W. R. Able (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jun 24 1916 (28) W. R. Able 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.

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.
 McCaw, of Columbia.