

(1) PLACE OF BIRTH

County of Plantsville.....
 Township of #8.....
 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

REGISTRATION NUMBER
36954

Registration District No. 46..... Registered No. 46.....
 (For use of Local Registrar)

(2) Full Name of Child

| | | | | |
|----------------------------|---|---|---------------------------|---|
| (a) <u>Sex</u> <u>Girl</u> | (b) <u>Type of Birth</u> To be answered only in case of Force or Stillborn | (c) <u>Number of Sisters</u> <u>2</u> | (d) <u>Age</u> <u>yes</u> | (e) <u>DATE OF BIRTH</u> <u>Oct 15, 1943</u> (Name of Month) <u>Oct</u> (Year) <u>43</u> |
|----------------------------|---|---|---------------------------|---|

PATRIM.

(a) Name Otha Dingley
 (b) SOCIAL SECURITY
NUMBER
OF FATHER 11-11111111
 (c) Color 12 (d) AGE AT LAST
MARRIAGE 24
 (e) Date 1940
 (f) BIRTHPLACE South Carolina
 (g) Occupation Farm hand

MOTHER.

(a) Name Miss Irene
 (b) SOCIAL SECURITY
NUMBER
OF MOTHER 711-1111111
 (c) Color B (d) AGE AT LAST
MARRIAGE 22
 (e) Date 1940
 (f) BIRTHPLACE South Carolina
 (g) Occupation Farm help

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive..... dead..... 6 P.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)

| | |
|------------------------------------|--|
| (19) (Signature) <u>Mary Mingo</u> | (20) <u>Address of Physician or Midwife</u> <u>Midwife</u> |
|------------------------------------|--|

Given name added from a supplemental report
.....
 (19) Registrar.....

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

(22) FILED Oct 10, 1943 (23) N.L. Bonhause
 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.