

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Bull Swamp  
 or  
 Inc. Town of Swansea  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**31136**

Registration District No. 3102 Registered No. 96  
 (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 Dykes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 10 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Dykes  
 (9) PRESENT POSTOFFICE OF FATHER Swansea S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (12) BIRTHPLACE Campton, Co., S.C.  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Killa Barrs  
 (15) PRESENT POSTOFFICE OF MOTHER no 9  
 (16) COLOR OR RACE no 10 (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE no 12  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) D. C. Brooker M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Swansea, S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Exp 30 1923 (28) J. N. King 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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MARGIN RESERVED FOR BINDING.

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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.