

(1) PLACE OF BIRTH

County of

Township of

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

50536

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 26, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jess Dorman

(9) PRESENT POSTOFFICE OF FATHER

Converse

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Spartanburg County

(13) OCCUPATION

mill work

MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Emory

(15) PRESENT POSTOFFICE OF MOTHER

Converse

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Spartanburg County

(19) OCCUPATION

house work

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Jennie L. Barrett

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

Midwife

Given name added from a supplemental report

181...

Registrar

(26) Witness

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

(27) Filed Feb 25 1916

(28) 181...

(29) J. P. Parker

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.

WRITING PLAINLY. WITH UNFADING INK.—THIS IS A PREPARED BLANK FOR EACH CHILD, and should be used in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and in question 2, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia