

(1) PLACE OF BIRTH

County of SumterTownship of Middletonor
Inc. Town ofor
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

44776

Registration District No. Registered No. 84
(For use of Local Registrar)(2) Full Name of Child John Clayton Dew { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Robert Dew(9) PRESENT POSTOFFICE OF FATHER Westfield(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Manda Kelpatrie(15) PRESENT POSTOFFICE OF MOTHER Westfield(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Domestic(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 at 7:40 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D. Dew(24) State whether Physician or Midwife (25) Address of Physician or Midwife Westfield

Given name added from a supplemental report

191....

Registrar

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

(27) File Dec 31 1915 (28) M. D. Dew 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

McCaw

Form No. 10. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD. WITH ATTACHED LABELS ATTACHED TO A PREPARED FOLDER.