

WHEN SOLE & VIRGIN, REGISTERED WITH BIRTHING
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.

(1) PLACE OF BIRTH

County of Stirling

Township of Campanella

Inc. Town of Sanderson

City of (No.)

(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

91798

Registration District No. 4001-a

Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child Anna Dismund

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 one

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Mr Dismund

(9) PRESENT POSTOFFICE OF FATHER

Sanderson S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Shartanburg

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Betha Chapman

(15) PRESENT POSTOFFICE OF MOTHER

Sanderson S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Grace S.C.

(19) OCCUPATION

Domestic

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

three

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

three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Sanderson S.C.

Given name added from a supplemental report

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

(27) Filed Dec 1911 (28) [Signature] 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.

before the fifth month of pregnancy.

fifth month of pregnancy.