

(1) PLACE OF BIRTH

County of Columbia  
Township of Bates

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

90029

Inc. Town of ..... Registration District No. 2201 Registered No. 74  
(For use of Local Registrar)  
City of ..... (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 ..... { 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 (6) Are Yes Parents Married? (7) DATE OF BIRTH Dec 9 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Arthur Dickey  
(9) PRESENT POSTOFFICE OF FATHER Marion SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth { 3

#### MOTHER.

(14) NAME BEFORE MARRIAGE Corrie Grooms  
(15) PRESENT POSTOFFICE OF MOTHER Marion SC  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { 3

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

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 3 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 M. D. Marion SC

Given name added from a supplemental report

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

(27) Filed Dec 6 1916 (28) S. C. C. Thomas 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. Registrar of Columbia