

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
Township of H. 1
OR
Inc. Town of Shelton
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
34277

Registration District No. 1900 Registered No. 67
(For use of Local Registrar)

(No. SL: Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Donald Dickerson 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 Oct 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Feaster Dickerson

(9) PRESENT POSTOFFICE OF FATHER Shelton, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Chester Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Igg

(15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Fairfield Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. A. Crosby, M. D.

(24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Shelton, 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 Oct 16 1922 (28) Mrs. C. W. Farnette 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.