

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

OF

Inc. Town of Dillon

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**39892**Registration District No. 16 Registered No. 67  
(For use of Local Registrar)

(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 Harold Eugene Depoy 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  
To be answered only in event of Twin or Triplet(6) Age Previous Marriage Yes(7) DATE OF BIRTH Feb. 24 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Refus M. Dyson(9) PRESENT POSTOFFICE OF FATHER Dillon S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Henry Co. S.C.(13) OCCUPATION Barber(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bulah King(15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Conoway S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. T. Taber

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Dillon

Given name added from a supplemental report

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

(27) State Dillon (28) W. L. Williams 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 1.

BUREAU OF STATISTICS, COLUMBIA, S. C.