

## (1) PLACE OF BIRTH

County of WilliamsTownship of Greenwood

or

Inc. Town of .....

or

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

11245

Registration District No. 457.2 Registered No. 3

(For use of Local Registrar)

2) Full Name of Child John Dallas If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 28, 23

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Cap Dallas

(9) PRESENT POSTOFFICE OF FATHER

Irby, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

41 (Years)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

Farmer

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

Three

## MOTHER

(15) NAME BEFORE MARRIAGE

Maria Cade

(16) PRESENT POSTOFFICE OF MOTHER

Irby, S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

34 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housewife

(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 alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Chas. H. Mosley

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

Physician Irby, 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 May 1, 23(28) E. H. Mosley 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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