

DATE OF BIRTH

Year 1928  
Month of Jan  
Day of 12

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Register Only  
38070

Registration District No. 1403 Registered No. 99  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Name of Child John D. Dine

Sex Male (a) Twin or Triplet X (b) Number in order of birth X (c) Are Parents Married 40  
DATE of BIRTH Feb 9, 1928  
(Name of Month) (Day) (Year)

**FATHER.**  
Name of Father Short Dine  
Age at last birthday 20  
Color of Father Blue  
Place of Birth York Co  
Occupation Farm Hand

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Hester Reid  
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
(16) COLOR OR RACE Col  
(17) AGE AT LAST BIRTHDAY 19  
(18) BIRTHPLACE York Co  
(19) OCCUPATION Farm Hand  
(20) Number of children of this mother now living, including present birth 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(21) Signature of Physician or Midwife [Signature]  
(22) State whether Physician or Midwife

(23) Name added from a supplemental report  
(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(25) Filed 12/11/23 (26) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

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