

## (1) PLACE OF BIRTH

County of YorkTownship of Shoal River

Inc. Town of .....

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 Ruby Catherine Dover If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 24, 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Dover(9) PRESENT POSTOFFICE OF FATHER Hickory Grove, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Lanier(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Pary Lee Whitesides(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Hickory Grove, S.C.

Given name added from a supplement-

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

(26) Filed Dec. 5, 1923 (27) S. H. Wilkerson Local Registrar(28) 24 19 23

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.