(1) PLACE OF BIRTH

County of York

Township of York

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9571

Registration District No. 4405 Registered No. 41
(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 Mary Emma Dickson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH March 21 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Neel Dickson

(9) PRESENT POSTOFFICE OF FATHER York S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE York Co. S.C.

(13) OCCUPATION Merchant and Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Terrence

(15) PRESENT POSTOFFICE OF MOTHER York SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE York Co. SC

(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 (Born alive or stillborn) at 7.40 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Philip C Hunter

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed March 23 19 22 (28) John A Barron 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.

Local Registrar.

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WHITE FAMILY, WITH UNFAVORABLE EXPERIENCE, USE A SEPARATE BLANK FOR EACH CHILD, and mark (1a) FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark (1a) FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BOOK OF COLUMBIA, COLUMBIA, S. C.