

(1) PLACE OF BIRTH

County of Kershaw S.C.
 Township of Buffalo
 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

43059

Registration District No. 2700 Registered No. 151
 (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 Charles Armstrong Dorman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 9, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Isaac Corcland Dorman
 (9) PRESENT POSTOFFICE OF FATHER Kershaw S.C. R 2046
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
 (Years) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Seven (7)

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Leora Pace
 (15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C. R 2046
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (Years) (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth Six (6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward M.D.

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

O. J. 2.0 19 41 Registrar

DEC 10 1922 (27) W. B. 1.0 Registrar

*When there was no attending physician or midwife, then the father, householder, or other person 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.