CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only **23160**

(1) PLACE OF BIRTH

County of Edgefield

Township of Mechanicsville

Inc. Town of ..... Registration District No. 11 Registered No. 1806
(For use of Local Registrar)

City of ..... (No. ..... St.; ..... Ward)
(If born in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Helen Catharine Dill } 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH July 3 1915
(To be answered only in event of twins or triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Dill

(9) PRESENT POST OFFICE OF FATHER Edgefield S.C. R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Farmer

(14) Number of children born to this mother including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clarrie Boswell

(15) PRESENT POSTOFFICE OF MOTHER Edgefield S.C. R.F.D.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Edgefield Co.

(19) OCCUPATION Home Duties

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 12:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A K Nicholson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed July 6 1915 (28) [illegible]
Local Registrar.

*If 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.

Registrar 1

LOCAL REGISTRAR.

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