

(1) PLACE OF BIRTH

County of Newberry
 Township of # 3
 or
 Inc. Town of
 or
 City of

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

No. 21961 - For State Registrar Only

Registration District No. 3405 Registered No. 11
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Abner Dawkins If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin Yes (5) Number in order of birth 26
 To be answered only in case of Twin or Triplets

(6) FULL NAME Nathan Dawkins

(7) PRESENT POSTOFFICE OF FATHER Blair, S. C.

(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 39
 (Years)

(10) BIRTHPLACE S. C.

(11) OCCUPATION Farming

(12) Number of children born to mother, including present birth 10

(13) Are Spouse Married yes (14) DATE OF BIRTH July 29, 1923
 (Day) (Month) (Year)

(15) NAME BEFORE MARRIAGE Maria Haynie

(16) PRESENT POSTOFFICE OF MOTHER Blair, S. C.

(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 37
 (Years)

(19) BIRTHPLACE S. C.

(20) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Bella Gladney (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blair, S. C.

Given name added from a supplemental report
Abner
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
L. B. Whitney
 Local Registrar
 (27) Filed Aug 7, 1923

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.