

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of Union

or

City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

92659

Registration District No. 42-ARegistered No. 192

(For use of Local Registrar)

St.; One Ward(2) Full Name of Child Indie C. Dawkins { 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? No(7) DATE OF BIRTH Dec 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samara Dawkins(9) PRESENT POSTOFFICE OF FATHER Carlsale SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Carlsale SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie L. Lamm(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Teaching(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alfred at 7 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Greaves(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. Church St

Given name added from a supplemental report

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Registrar

(26) Witness Older
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 20 1916 (28) S. G. Sarratt
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.

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