

Form No. 3

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Shelburn  
 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

37318

Registration District No. 603A Registered No. 59  
 (For use of Local Registrar)

City of ..... (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 Joseph Dawson {If child is not yet named, make supplemental report as directed}

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 10, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Dawson  
 (9) PRESENT POSTOFFICE OF FATHER Wale, S. C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE Beaufort Co., S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Wale, S. C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (18) BIRTHPLACE Beaufort Co., S. C.  
 (19) OCCUPATION Farmer's wife  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wale, S. C.

Given name added from a supplemental report

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

(27) Filed Nov. 17, 1922 (28) Men. Laffan  
 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.