

MARGIN RESERVED FOR BINDING.

BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

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)

(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 <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 10 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Peter Dawson

(9) PRESENT POSTOFFICE OF FATHER Wade, 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 Wade, 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 Wade, S. C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov. 17 1922 (28) Man. 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.