

(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town .....

or .....

City of Charleston S.C.

(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

88747

Registration District No. 9ARegistered No. 1436

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child

Mary Elizabeth Dawson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE

December131916

BIRTH

(Name of Month) (Day) 1916

## FATHER.

(8) FULL NAME

John Edw. Dawson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

City

## MOTHER.

(14) NAME BEFORE MARRIAGE

Georgia Elizabeth Smith

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

City

(13) OCCUPATION

Ship Carpenter U. S. Navy

(19) OCCUPATION

At Home

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

3

(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 born alive at 7:25 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State where Physician or Midwife

(25) Address of Physician or Midwife

Physician 286 Meeting

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

1/27/1916

(28)

J. Mercier Green M.D.

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.

fifth month of pregnancy