

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of York
Township of York
or
Inc. Town of York
or
(City of

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

File No.—For State Registrar Only

20595

Registration District No. 4408

Registered No. 82
(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 Mason Dickson

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>33</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 3, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Geo. Burt Dickson</u>			14) NAME BEFORE MARRIAGE <u>Ellen Ruth Jamblon</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Falbert, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Falbert, S.C.</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>33</u> (Year)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
12) BIRTHPLACE <u>York Co. S.C.</u>			18) BIRTHPLACE <u>York Co. S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip W. Hunter
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 13, 1922 (28) John Spenser 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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