

FORM NO. 2
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
M. H. of Columbia
M. H. McCaw, of Columbia

(1) PLACE OF BIRTH

County of York

Township of Smith

or

Inc. Town of

or

City of

(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

45067

Registration District No. 4407 Registered No. 123

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Mrs. Louise Dickson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? 0

(5) Number in order of birth 0

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 6, 1950

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Smith Dickson

(9) PRESENT POSTOFFICE OF FATHER Kings Creek R #1

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Mullins

(15) PRESENT POSTOFFICE OF MOTHER Kings Creek R #1

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Laneland Co Mo.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Laneland Mo

Given name added from a supplemental report

191....

Registrar

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

(27) Filed Dec 7, 1950 (28) J. J. ... 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.

Local Registrar

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