

FORM NO. 2
 M. H. McCaw, of Columbia, S. C., Registrar
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(1) PLACE OF BIRTH
 County of York
 Township of Smith
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

(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 1915
To be answered only in event of Twins or Triplets (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 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(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 me)
 (27) Filed Dec 7 1915 (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.

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