

## (1) PLACE OF BIRTH

County of AndersonTownship of York

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Max Holland Dickson child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 30, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank A. Dickson(9) PRESENT POSTOFFICE OF FATHER Townville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Anderson Co. SC(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Eara H. Holland(15) PRESENT POSTOFFICE OF MOTHER Townville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Anderson Co. SC(19) OCCUPATION House wife(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 8 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) J. L. M. Hobson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Townville SC

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

(27) Filed July 8, 1916 (28) R. H. McElain Local Registrar.

Given name added from a supplemental report

Not 11, 1916C. W. MillerMayor 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.

MARGIN RESERVED FOR BINDING. 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
63017Registration District No. 3055 Registered No. 69 (For use of Local Registrar)

(No. St.; Ward)

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