

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12306

Registration District No. 4207 Registered No. 39  
 (For use of Local Registrar)

(2) Full Name of Child Matthew Dawkins (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>No</u>	7. DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 23 1922</u>
FATHER.			MOTHER.	
8. FULL NAME <u>Charner Dawkins</u>			14. NAME BEFORE MARRIAGE <u>Gertrude Rodgers</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Union SC R#</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Union SC R#</u>	
10. COLOR OR RACE <u>Colored</u>			17. AGE AT LAST BIRTHDAY <u>17</u>	
11. AGE AT LAST BIRTHDAY (Year)			18. BIRTHPLACE <u>Union Co SC</u>	
12. BIRTHPLACE <u>Union Co SC</u>			19. OCCUPATION <u>Domestic</u>	
13. OCCUPATION <u>Laborer</u>			21. Number of children of this mother now living, including present birth <u>2</u>	
20. Number of children born to mother, including present birth <u>2</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5 10 1922 (28) 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.