

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Bull Pond

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

58715

Inc. Town of ..... Registration District No. 505 Registered No. 29  
 or ..... (For use of Local Registrar)  
 City of ..... (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 May Leigh Dobson } If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 27, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charter Dobson

(9) PRESENT POSTOFFICE OF FATHER Allendale RFD

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Allendale

(13) OCCUPATION Laborer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Brown

(15) PRESENT POSTOFFICE OF MOTHER Allendale SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Allendale S.C.

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2<sup>th</sup> P.M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Manuel H. Harden

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness Thos. R. Owen  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 18 1916 (28) J. A. P. Owen Local Registrar

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.  
 WHITE 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.

McGraw, of Columbia