

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 2.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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 Registration Only

48273

Registration District No. 9ARegistered No. 274

(For use of Local Registrar)

(2) Full Name of Child

Danson

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

(3) BOY OR GIRL

Boy(4) Twin or Triplet? X

Is he or she in case of Twin or Triplet?

(5) Number in order of birth X(6) Are Parents Married? yes

(7) DATE OF BIRTH

11/11/1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Chas V. Dawson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

Merchandise

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Madeline Spinner

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11/11/1916 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. L. L.

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

Charleston S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/28/1916(28) J. Mercer Green Jr.

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.

HEALING OFFICE