

WRITING 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.
M. I. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Laurens
Township of Sullivan
or
Inc. Town of Route #6
or
City of Laurens
(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
45713

Registration District No. 2906 Registered No. 2
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child. Austin G. Dwings (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 2nd 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Austin G. Dwings
(9) PRESENT POSTOFFICE OF FATHER Laurens #6-S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)
(12) BIRTHPLACE Laurens, S.C.
(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian E. D'Lesson
(15) PRESENT POSTOFFICE OF MOTHER Laurens #6-S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Spartanburg, S.C.
(19) OCCUPATION House Wife

(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 at 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Donnan

(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Ware Shoals, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 6 1916 (28) M. I. McCaw 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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