

FROM 16-10  
 WHEN FATHER, MOTHER OR CHILD IS DEAD IN A PREVIOUS BIRTH  
 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.  
 McCaw, McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

Inc. Town of Providence

City of Providence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

44796

Registration District No. 4105 Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child Le Roy Dyson

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 Dec. 19, 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME McLain Dyson

(9) PRESENT POSTOFFICE OF FATHER Providence, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Hand

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

MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Butler

(16) PRESENT POSTOFFICE OF MOTHER Providence S.C.

(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 25 (Years)

(19) BIRTHPLACE S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3- A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Valerie Grant

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

Midwife Providence S.C.

(26) Witness Mrs. Eva Burkette  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec-29-1915 (28) B. M. Lapham  
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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