

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 of Columbia.

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 OR
 Inc. Town of
 OR
 City of

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)
 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 Le Roy Dawson

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 yes Parents Married? (7) DATE OF BIRTH Dec. 19, 1915
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME McLain Dawson
 (9) PRESENT POSTOFFICE OF FATHER Providence, S.C.
 (10) COLOR OR RACE negr (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 negr (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) Walter Grant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report
 _____, 191.....
 Registrar

(26) Witness Mrs. Eva Burkette
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec-29-1915 (28) B. W. Slaughter
 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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