

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Providenceor  
Inc. Town of .....or  
City of .....

(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

22718

Registration District No. 4105 Registered No. 54  
(For use of Local Registrar)

## (2) Full Name of Child

David Dawson

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

3. BOY OR  
GIRL?Boy(4) Twin  
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married?yes(7) DATE OF  
BIRTHJuly 2nd 23

(Month of Birth) (Day) (Year)

## FATHER.

8. FULL  
NAMEJames Dawson9. PRESENT  
POSTOFFICE  
OF FATHERDalzell S.C.10. COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY39

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE  
MARRIAGEWilhelmina Roach(15) PRESENT  
POSTOFFICE  
OF MOTHERDalzell S.C.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother  
now living, including present birth721. Number of children born to  
mother, including present birth14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5-2 M.,  
on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(23) (Signature)

James Dawson

(24) State whether Physician or Midwife

Father

(25) Address of Physician or Midwife

Dalzell S.C.Given name added from a supplement-  
tal report

(26) Witness

Mr. Eva Burkhart(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed

July 8th 23

(28)

J. B. Rafferty

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.