(1) PLACE OF BIRTH

County of Spartanburg

Township of " "

or

Inc. Town of ..... Registration District No. 4008 Registered No. 592 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
70475

(2) Full Name of Child Dawkins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH June 22 1916 (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets		Yes	

FATHER.	MOTHER.
(8) FULL NAME Jas Dawkins	(14) NAME BEFORE MARRIAGE Frank Lipscomb
(9) PRESENT POSTOFFICE OF FATHER Converse, S.C. R#1	(15) PRESENT POSTOFFICE OF MOTHER Converse, S.C. R#1
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Chester S.C.	(18) BIRTHPLACE Chester S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth { 10	(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 11 P M., (Born alive ~~or stillborn~~) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [signature] M.D.

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

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed July 12 1916 (28) E. F. Parker 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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FORM NO. 6. 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 5.

McCaw, of Columbia.