

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Springfield State Board of Health

File No.—For State Registrar Only

70398

Inc. Town of Registration District No. 4001/P Registered No. 71

City of (No. 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 Henry 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Smith Dawson

MOTHER.
(14) NAME BEFORE MARRIAGE Mauda Cannon

(9) PRESENT POSTOFFICE OF FATHER Yemassee

(15) PRESENT POSTOFFICE OF MOTHER Yemassee

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Spartanburg Co

(18) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Farmer

(19) OCCUPATION Dawsonite

(20) Number of children born to mother, including present birth 6

(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 born at 1 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Gzell

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Spartanburg # 2

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 Aug 4, 1916 (28) A. G. Bristow 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.

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 McCaw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.