

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Entraville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6668

Registration District No. 208 Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Annie Sue Dawson (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hethner Dawson(9) PRESENT POSTOFFICE OF FATHER Cross, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Abbie Ann Ferguson(15) PRESENT POSTOFFICE OF MOTHER Cross, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jane Cooper (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) File March 25, 1922 (28) D.W. Cross
 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.

NOTED BY COLUMBIA, COLUMBIA, S. C.
 N. B.—In case of TWINS OR TRIPLETS use a separate BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. This Office, No. 2, etc., in Question 6.