

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of  Spartanburg  .....

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

2452

Registration District No.  40-a  Registered No.  41 

(For use of Local Registrar)

(2) Full Name of Child  Amy Dawson  (No.  2  St.;  2  Ward)

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

3) BOY OR GIRL <u> Girl </u>	4) Twin or Triplet? <u> No </u>	5) Number in order of birth <u> 1 </u>	6) Are Parents Married? <u> Yes </u>	7) DATE OF BIRTH <u> 1-17-22 </u>
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME  J. M. Dawson

9) PRESENT POSTOFFICE OF FATHER  Spartanburg S.C.

10) COLOR OR RACE  white  (11) AGE AT LAST BIRTHDAY  49  (Years)

12) BIRTHPLACE  N.C.

13) OCCUPATION  Farmer

20) Number of children born to mother, including present birth  4

MOTHER.

14) NAME BEFORE MARRIAGE  Ruthie Giblin

15) PRESENT POSTOFFICE OF MOTHER  Spartanburg S.C.

16) COLOR OR RACE  white  (17) AGE AT LAST BIRTHDAY  37  (Years)

18) BIRTHPLACE  S.C.

19) OCCUPATION  Dom

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 alive  at  7:30 A.M.  on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature)  J. M. Dawson 

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed  3-1-22 (28)  Jas. Cooper 

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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MAKING THE BIRTH REPORT. WRITE PLAINLY. WITH UNPAINED INK—THIS IS A COMPULSORY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILDREN. No. 1. THIS OTHER, No. 2, etc., in question 3.