

Form No. 1

## (1) PLACE OF BIRTH

County of Cherokee  
 or  
 Township of Linestone  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

667

Registration District No. 109 Registered No. 14  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26, 1922  
 To be answered only in event of Twin or Triplet: (Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Anderson  
 (9) PRESENT POSTOFFICE OF FATHER Safford  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)  
 (12) BIRTHPLACE Cherokee County  
 (13) OCCUPATION Boatman  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Allie Dawkins  
 (15) PRESENT POSTOFFICE OF MOTHER Safford  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)  
 (18) BIRTHPLACE Cherokee County  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Living at 6:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Lucius Anderson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Linestone

Given name added from a supplemental report

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

(27) File 2/11 22 (28) M. L. Smith  
 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.  
 IN CASE OF TWIN CHILDREN, USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, SOUTHERN CO.