

MARGIN RESERVED FOR BINDING. 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.

McDawson of Columbia

(1) PLACE OF BIRTH
County of Lee
Township of Bishopville
or
Inc. Town of
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
49715

Registration District No. 800 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Allee Slater Jr. { 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> <small>Is he answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Allee Slater</u>			(14) NAME BEFORE MARRIAGE <u>Allee George</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Col</u>		
(12) BIRTHPLACE <u>Lee Co</u>		(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Lee Co</u>	
(19) OCCUPATION <u>House Duties</u>			(20) Number of children of this mother now living, including present birth <u>6</u>	
(21) Number of children born to mother, including present birth <u>6</u>			(22) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Katy Boyd

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Bishopville S.C.

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

(27) Filed Jan 26 1916 (28) Mrs. M. J. Laney Sub Local Registrar

Given name added from a supplemental report
..... 191....
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.