

Form No. 1

(1) PLACE OF BIRTH

County of Union

Township of

or

Inc. Town of

or

City of Union

(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

42321

Registration District No. 20-ARegistered No. 395
(For use of Local Registrar)(No. million St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE

Dec 201922

(Name of Month) (Day) (Year)

(8) FULL NAME

Eddie Dawson

(9) PRESENT POSTOFFICE OF FATHER

Union

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY..... (Years)

2-8

(12) BIRTHPLACE

Union Town

(13) OCCUPATION

Housewife

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Delita

(15) PRESENT POSTOFFICE OF MOTHER

Union

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY..... (Years)

2-8

(18) BIRTHPLACE

Union

(19) OCCUPATION

Housewife

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

(23) (Signature)

Martha C. C. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

R. A. Regan

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

(27) Filed 12-24-22(28) P. H. Pugham 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.

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.