

(1) PLACE OF BIRTH

County of Newberry
 Township of #3
 or
 Inc. Town of

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

No. for State Registrar Only
21980

Registration District No. 340.5 Registered No. 1.2
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR GEAR girl (4) Twin or Triplet Turn (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 29, 1923
 To be answered only in event of Twin or Triplet

FATHER:
 (8) FULL NAME Nathan Dawkins (14) NAME BEFORE MARRIAGE Maria Maylin
 (9) PRESENT POSTOFFICE OF FATHER Blairs S.C. (15) PRESENT POSTOFFICE OF MOTHER Blairs S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farming (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10.0 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Gladney (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blairs S.C.

Given name added from a supplemental report

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

(27) Filed Aug 7, 1923 (28) D. B. Whitney 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.