

(1) PLACE OF BIRTH

County of BerkeleyTownship of Eastman

Inc. Town of

City of

(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

63281

Registration District No. 708 Registered No. 187

(For use of Local Registrar)

(2) Full Name of Child Fredric Dawson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 16th 1916</u>
To be answered only in event of twins or triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Munkin Dawson(9) PRESENT POSTOFFICE OF FATHER Cross St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Ohio(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Pickney(15) PRESENT POSTOFFICE OF MOTHER Cross St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE St. Peter(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia Asgill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cross St.G. M. Cross

Given name added from a supplemental report

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

June 24th 1916 (27) G. M. Cross (28) D. W. Cross

Registrar

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.

WHITE PLAINLY, 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.

McCaw, of Columbia