

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.

(1) PLACE OF BIRTH

County of Florence

Township of Lake

Inc. Town of \_\_\_\_\_

or \_\_\_\_\_

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

55846

Registration District No. 2009 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child

Elizabeth Jane Dickson  
is child's name yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 20 1916  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER S. M. Dickson (14) NAME BEFORE MARRIAGE Mag. P. Gordon

(9) PRESENT POSTOFFICE OF FATHER Scranton, S.C. (15) PRESENT POSTOFFICE OF MOTHER Scranton, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 61 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years) (Years)

(12) BIRTHPLACE Sumter Co. (18) BIRTHPLACE Florence Co.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 A.M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna James

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

\_\_\_\_\_, 191\_\_\_\_

\_\_\_\_\_, 191\_\_\_\_

Registrar

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

(27) Filed 4/29 1916 (28) R. L. Carter 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.

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