

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN N. No. 1. THE OTHERS, No. 2, etc., in question 5.
 McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Florence STATE OF SOUTH CAROLINA.
 Township of Lake Bureau of Vital Statistics
 Inc. Town of _____ State Board of Health
 or _____
 City of _____ Registration District No. 2009 Registered No. 43
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

File No.—For State Registrar Only
55846

(2) Full Name of Child Elizabeth Jane Dickson
 (If child's name yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Sex <u>Female</u>	(7) DATE OF BIRTH <u>Apr - 20 1906</u> (Name of Month) (Day) (Year)
FATHER'S			MOTHER'S	
(8) FULL NAME <u>S. M. Dickson</u>	(14) NAME BEFORE MARRIAGE <u>Mag. P. Gordon</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Seranton, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Seranton, S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>61</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co.</u>		(18) BIRTHPLACE <u>Florence Co.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

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) Miss James
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Seranton S.C.

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

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed 4/29, 1916. (28) P. Leo 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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