

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

48463

County of Cherokee

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Daytonville

State Board of Health

Inc. Town of

Registration District No. 1001 Registered No. 10

(For use of Local Registrar)

City of

(No. 1001 St.; 10 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child E. Robert L. Dawkins { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(3) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>2 4 6</u>
Is born normal only in case of twins or triplets				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Fletcher Dawkins</u>	(14) NAME BEFORE MARRIAGE <u>Jula Allen</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Pacolet S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet S.C.</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth { <u>1</u>	(21) Number of children of this mother now living, including present birth { <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. L. Ricketts

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

Physician Pacolet 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 Mar 2 1916 (28) J. C. Green 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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MAKING CERTIFICATE THIS RETURN.

WHEN MAKING THIS RETURN, THERE IS A PERMANENT RECORD.

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 2.

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