

(1) PLACE OF BIRTH

County of Wayne
 Township of Wayne
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 17-For State Registrar Only
17023

Registration District No. 2017 Registered No. 70
 (For use of Local Registrar)

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

(2) Full Name of Child Franklin D. Dawson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Sex Male (5) DATE OF BIRTH June 2, 1923
 (6) Number in order of birth 42 (7) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John D. Davis</u>	(14) NAME BEFORE MARRIAGE <u>Anna K. Dawson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wayne, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wayne, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>Sumter, S.C.</u>	(18) BIRTHPLACE <u>Sumter, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</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 at 5 P. M., on the date above stated.
 (23) (Signature) Wm. C. Davis
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wayne, S.C.

Given name added from a supplemental report
 (26) Witness
 (27) Filed June 19, 1923 (28) John D. Davis 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.