

WRITE 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
 N. B.—McCaw, of Columbia, FIRST-BORN, No. 1, THE OFFICE, No. 2, etc., in question 5.
 McCaw.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
79550

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or Town of Union
 or City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 42-A Registered No. 148
 (For use of Local Registrar)

(2) Full Name of Child Anna Inez Dawkins If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>Is answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 26</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>Biddy J. Dawkins</u>		(14) NAME BEFORE MARRIAGE <u>Inez McDow</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Carleton Sta</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Carleton Sta</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union Co</u>		(18) BIRTHPLACE <u>Union Co</u>		
(13) OCCUPATION <u>Mescher</u>		(19) OCCUPATION <u>Domestic</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 Alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. N. [Signature]
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplement-
 al report _____
 _____ 191____

 _____ Registrar

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

(27) Filed Sept 30 1916. (28) H. Sarratt
 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.

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.