

File 2380
3480

8/9/45
Pd. E.P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

16 092838

U. S. Dept. of Commerce
Bureau of the Census
1. PLACE OF BIRTH
County of Abbeville
Township of Diamond Hill
or
Inc. Town of _____
or
City of _____

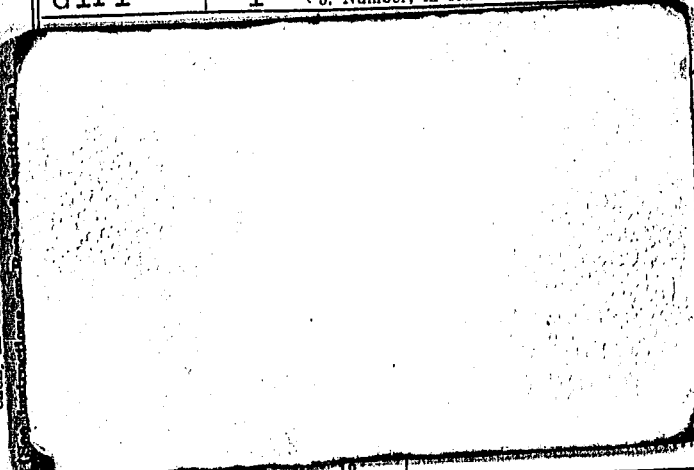
Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 104

FILE No.—For State Registrar Only
0053

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Lebara Dawson
(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Girl</u>	4. Twins, triplets or other <u>1</u>	5. Premature <u>Full term</u>	6. Are Parents <u>Married?</u>	7. Date of birth <u>Jan 5 1945</u>
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18. Name before marriage Betsy Dawson
19. Residence (mailing address) Detroit, Mich
(If non-resident, give place and State) Abbeville, S.C.
20. Color or race Col
21. Age at last birthday 22 (years)
22. Birthplace (city or place) Abbeville Co. S.C.
(State or country)
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Hospital
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housework
25. Date (month and year) last engaged in this work July 1945
26. Total time (years) spent in this work 3

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
28. If stillborn, period of gestation months weeks 29. Cause of stillbirth _____
30. Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2⁵A m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

(Signed Betsy Dawson, Parent or _____, Guardian
Address La SC.
Filed 8-17, 19 45 Thos. P. Lesesne
Registrar.

Registrar.