

File 2380
3480

8/9/45
Ph. E.P.

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U. S. Dept. of Commerce
Bureau of the Census

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

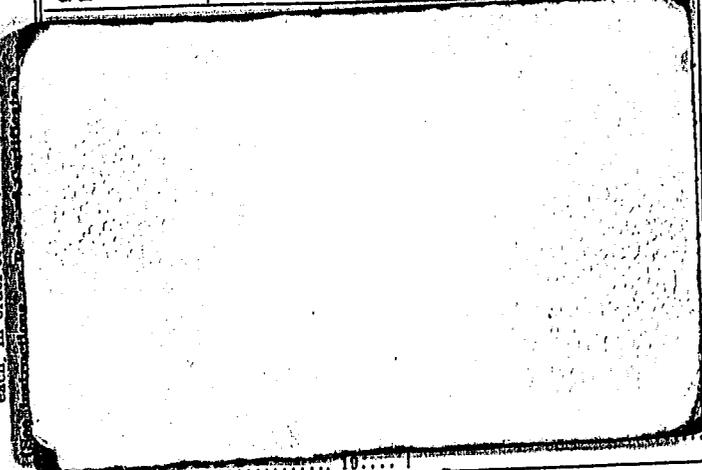
1. PLACE OF BIRTH
County of Abbeville
Township of Diamond Hill
or
Inc. Town of _____
or
City of _____

Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
2. FULL NAME OF CHILD Lebera Dawson { If child is not yet named, make supplemental report as directed

3. Boy or Girl Girl If Plural Births 1 4. Twins, triplets or other..... 5. Number, in order of birth.....
6. Premature Full term 1 7. Are Parents Married? no 8. Date of birth Jan 5 1945
(Month, day, year)

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.



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 19..... 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.....
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.

(Signed Betsy Dawson, Parent or _____, Guardian
Address Law S.C.
Filed 8-17, 1945 Thos. P. Lesesne
Registrar.

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