(1) PLACE OF BIRTH

County of Lexington

Township of E. Cold
or
Inc. Town of .....
or
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 423

File No.—For State Registrar Only
9393

Registered No. 8
(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 Miriam Dawkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	19 (Year)
Girl			Yes	Feb	26	22

FATHER

(8) FULL NAME Buck Dawkins

(9) PRESENT POSTOFFICE OF FATHER Blair S.C.

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Australia Whitener

(15) PRESENT POSTOFFICE OF MOTHER Blair S.C.

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour: A. M. or P. M.)

(23) (Signature) Emily Boyd

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Blair S.C.

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Mar 13 1922 (28) [signature]
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.

FORM W. B.—In case of twins or triplets use a separate blank for each child, and mark the group. PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw of Columbia, Columbia, S. C.