

1. PLACE OF BIRTH

County of Sickles
 Township of Hickman
 Loc. Town of _____
 City of _____

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

File No.—For State Registrar Only
2272

Registration District No. 5704 Registered No. 5
 (For use of Local Registrar)

2. Full Name of Child Allen Dawson (No. _____) (Ward _____)
 (If child is not yet named, make appropriate paper as directed)

3. Sex Boy 4. Term of Pregnancy 9 months or longer
 To be answered only in event of Term or Preterm

FATHER

Esley Dawson
Dr. H. H. H.
White AGE AT BIRTH 29

Sickles Co.
Farmer

5. Age of Parents Yes Married

7. DATE OF BIRTH July 22
 Year 1914

MOTHER

14. NAME BEFORE MARRIAGE Hattie Nix

15. PRESENT ADDRESS OF MOTHER Central 1st St

16. COLOR White AGE AT LAST BIRTHDAY 38

17. BIRTHPLACE Sickles

18. OCCUPATION Dawson

19. Number of children of this mother now living, including present birth 9

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

(21) (Signature) E. Elizabeth Dawson
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife

24. Given name added from a supplemental report

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

(26) Filed Jan 9 22 (27) Local Registrar

28. 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.