

FORM NO. 5  
 MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, 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  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 Ca. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Moore  
 Township of Leoway  
 OR  
 Inc. Town of Leoway  
 OR  
 City of \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**64763**

Registration District No. 25 A Registered No. 21  
 (For use of Local Registrar)

(2) Full Name of Child Lofton Huntington Dawson

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916  
(If child is not yet named, make supplemental report as directed)  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Lofton Sawyer  
 (9) PRESENT POSTOFFICE OF FATHER Leoway Okla  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 1/2  
(Years)  
 (12) BIRTHPLACE Marion S.C.  
 (13) OCCUPATION Booker  
 (20) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Emma Grace Huntington  
 (15) PRESENT POSTOFFICE OF MOTHER Leoway Okla  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)  
 (18) BIRTHPLACE Hillsboro Md  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Burroughs, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Leoway Okla

Given name added from a supplemental report  
 \_\_\_\_\_ 191...  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 26 1916 (28) Edward Finch  
 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.  
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