

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Black Spring
 or
 Inc. Town of Junction
 or
 City of _____ (No. _____ St.; _____ Ward)
 (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

50440

Registration District No. 40009 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child

Valentine Dunbar

If child is not yet named, make supplemental report as directed

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Aug 6 1916</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Eliph Dunbar</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Valentine Dunbar</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Junction</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Junction</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(18) BIRTHPLACE <u>SC</u>
(12) BIRTHPLACE <u>SC</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mother Dunbar
 (24) State whether Physician or Midwife (Address of Physician or Midwife)
Midwife Welford St

Given name added from a supplemental report
 _____ 191____
 _____ Registrar

(25) Witness J. Moore
 (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Feb 7 1916 (28) J. Moore Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

McCaw, of Columbia