

STATE OF SOUTH CAROLINA }
COUNTY OF CHARLESTON

PERSONALLY appeared before me Emma G. Pregnall, a Notary Public of South Carolina, Maggie Bryan, who being duly sworn says and deposes that in 1923 she stayed in Rantowles, S.C. : that she is a cousin of Josephine Dunkin nee Arrett, who gave birth to a female child in Rantowles, S.C. on Jan. 23, 1923: that the midwife who attended Josephine Dunkin did not record this birth: that she, Maggie Dunkin was present at the birth of this child and that she is the only person now living, besides the mother, who was there at the time of this birth: that she has given the answers on the attached return of birth and that they are true and correct.

Maggie Bryan

SWORN to before me this
1st day of Sept. A.D. 1933.

Emma G. Pregnall
Notary Public, S.C.

If the child is not born in the City of Charleston - but
in the State of South Carolina write to:

Bureau of Vital Statistics, State Board of Health, Columbia,

Please verify for school
S. C., sending a Post Office Order for 50¢ and state-

Childs Name Louise Dunkin mch.
Place of Birth Rantowles S.C.
Date of Birth Jan. 23, 1923.
Fathers Name Buddy Dunkin
Mothers maiden Name Josephine Arrett
Name of Doctor or Nurse Susan Aiken mrs
now dead

they have not the record return to Charleston Health
Department for further information.

Return to
Maggie Bryan
68 Morris St.
Charleston
S.C.

(over)

PLACE OF BIRTH

Charleston

Standard Certificate of Birth

State of South Carolina

112-a

BIRTH OF CHILD

Full name of child: **Louise Dunkins**

Sex: **Female**

Color of hair: **Black**

Color of eyes: **Black**

Color of skin: **Black**

Place of birth: **Charleston, S.C.**

Date of birth: **Sept. 21, 1933**

Time of birth: **11:00 AM**

Weight: **7 lbs.**

Length: **19 in.**

Head circumference: **13 in.**

Birthplace (city or place): **Charleston, S.C.**

(State or country)

1. Name of father: **Buddy Dunkins**

2. Name of mother: **Josephine C. Dunkins**

3. Name of father's mother: **Josephine C. Dunkins**

4. Name of mother's mother: **Josephine C. Dunkins**

5. Birthplace (city or place): **Charleston, S.C.**

6. Birthplace (city or place): **Charleston, S.C.**

7. Birthplace (city or place): **Charleston, S.C.**

8. Birthplace (city or place): **Charleston, S.C.**

9. Trade, profession, or occupation: **Labrador**

10. Trade, profession, or occupation: **Labrador**

11. Trade, profession, or occupation: **Labrador**

12. Trade, profession, or occupation: **Labrador**

13. Date (month and year) last changed in this work: **Sept. 21, 1933**

14. Date (month and year) last changed in this work: **Sept. 21, 1933**

15. Date (month and year) last changed in this work: **Sept. 21, 1933**

16. Date (month and year) last changed in this work: **Sept. 21, 1933**

17. Total days (month and year) last changed in this work: **Sept. 21, 1933**

18. Total days (month and year) last changed in this work: **Sept. 21, 1933**

19. Total days (month and year) last changed in this work: **Sept. 21, 1933**

20. Total days (month and year) last changed in this work: **Sept. 21, 1933**

21. Name of child: **Louise Dunkins**

22. Name of child: **Louise Dunkins**

23. Name of child: **Louise Dunkins**

24. Name of child: **Louise Dunkins**

25. Date (month and year) last changed in this work: **Sept. 21, 1933**

26. Date (month and year) last changed in this work: **Sept. 21, 1933**

27. Date (month and year) last changed in this work: **Sept. 21, 1933**

28. Date (month and year) last changed in this work: **Sept. 21, 1933**

29. Date (month and year) last changed in this work: **Sept. 21, 1933**

30. Date (month and year) last changed in this work: **Sept. 21, 1933**

31. Date (month and year) last changed in this work: **Sept. 21, 1933**

32. Date (month and year) last changed in this work: **Sept. 21, 1933**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born **Sept. 21, 1933** at **Charleston, S.C.**

When there was no attending physician or midwife, then the father, mother, or other, should make this return.

Give name added from a supplemental report: **Susan Aiken**

(Date of): **Sept. 21, 1933**

Address: **Charleston, S.C.**

Filed **Sept. 21, 1933** **Leon B. B. B.**

Signature: **Susan Aiken**