

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

30706

County of HorryTownship of Dunes

or

Inc. Town of

or

City of

Registration District No. 25.0.1Registered No. 75

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name or same instead of street and number.)

(2) Full Name of Child Joie Kay Dunsbury

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept. 13, 1927

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Geo Ellis Dunsbury(14) NAME BEFORE MARRIAGE Joie Harper(9) PRESENT POSTOFFICE OF FATHER Toddville S.C.(15) PRESENT POSTOFFICE OF MOTHER Toddville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 26

(Years)

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Horry County(18) BIRTHPLACE Horry County(13) OCCUPATION Merchant

(19) OCCUPATION

(20) Number of children born to mother, including present birth 1(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 5:40 A. M.(23) (Signature) J. Dunsbury

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

C. Connor 1927 Registrar(27) Sept. 28 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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