

(1) PLACE OF BIRTH

County of Dorchester
 Township of Summerville
 Inc. Town of Summerville
 or
 City of _____

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

File No. - For State Registrar's Use
39970

Registered No. 64
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(a) BOY OR GIRL <u>Girl</u>	(b) Twin or Triplet To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Are Parents Married <u>yes</u>	(e) DATE OF BIRTH <u>Feb 7</u> 19 <u>23</u> (Time of Month) (Day) (Year)
FATHER			MOTHER	
(f) FULL NAME <u>Joseph A. Dunning</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie S. Buzzell</u>	
(g) PRESENT POSTOFFICE OF FATHER <u>Summerville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>	
(13) OCCUPATION <u>Repairer</u>			(19) OCCUPATION <u>Wife</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 alive (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Phyllis A. Dunning

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Phyllis A. Dunning

Given name added from a supplemental report

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

(27) DEC 1 1923 (28) P. J. LAWTON 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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