

Form No. 1

(1) PLACE OF BIRTH

County of *Richland*Township of *Blythewood*

or

Inc. Town of

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

Registration District No. *3800*

File No. — For State Registrar Only

66054

Registered No. *60*  
(For use of Local Registrar)(2) Full Name of Child *William Sanford Dunlap*

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

(3) ~~BOY~~

(4) Twin or Triplet?

(5) Number in order of birth

Is the foregoing child in need of food or clothing?

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*June 17, 1906*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Henry Franklin Dunlap*(9) PRESENT POSTOFFICE OF FATHER *Blythewood S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*  
(Years)(12) BIRTHPLACE *Birmingham Ala*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *one*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Harriet Viola Watts*(16) PRESENT POSTOFFICE OF MOTHER *Blythewood S.C.*(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *23*  
(Years)(19) BIRTHPLACE *Richland Co S.C.*(20) OCCUPATION *Domestic*(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 *born alive* *9:30 P.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Laura T. Shannon*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife* *Blythewood S.C.*

Given name added from a supplemental report

(26) Witness *W. M. McLean*

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

(27) Filled *6/24/06* (28) *W. M. McLean*  
Registrar 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M.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 8.  
S.C.W. of Columbia