

(1) PLACE OF BIRTH

County of Marlboro

Township of

Inc. Town of

City of Bunnettsville

(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. 33

File No.—For State Registrar Only

39383

Registered No. 115
(For use of Local Registrar)(2) Full Name of Child Andrew Dudley

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
No
To be answered only in event of Twins or Triplets(5) Number in order of birth
1(6) Are Parents Married?
Yes(7) DATE OF BIRTH
11/10/32
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Edmund Dudley(9) PRESENT POSTOFFICE OF FATHER Bunnettsville, S.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE La. Cal.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth: 9

MOTHER

(14) NAME BEFORE MARRIAGE Adrianna Spivey(15) PRESENT POSTOFFICE OF MOTHER Bunnettsville, S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE La. Cal.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:10 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) J. H. Dismore(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Bunnettsville, S.C.

Give name added from supplemental report

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

(26) Filed Dec 5 32 (27) Local Registrar W. J. Pate

*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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