

(1) PLACE OF BIRTH

County of Lee
 Township of Meigs
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
19613

Registration District No. 3501 Registered No. 93
 (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 Ellis Dunson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 5 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME L D Dunson
 (9) PRESENT POSTOFFICE OF FATHER Marion
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Ga
 (13) OCCUPATION Hammer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mattie Roach
 (15) PRESENT POSTOFFICE OF MOTHER Marion
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (Years)
 (18) BIRTHPLACE Ga
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Starni
 (24) State whether Physician or Midwife 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)

(27) Filed 6/10 1922 (28) W. S. S. S. 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.