

01

FORM NO. 1.

* By Court Order dated 6/22/76.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Union
or
Inc. Town of Union
or
City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

50440

Registration District No. 12009 Registered No. 12
(For use of Local Registrar)

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

(2) Full Name of Child Valentine Dunbar { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 6 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Eliph Dunbar (14) NAME BEFORE MARRIAGE Valentine Dunbar

(9) PRESENT POSTOFFICE OF FATHER Union (15) PRESENT POSTOFFICE OF MOTHER Union

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18
(Years) (Years)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Domestic (19) OCCUPATION Domestic

(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 at Union M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Madeline Dunbar

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

Given name added from a supplemental report

C.O. # 9850, 101....
Filed: 7-29-76 Hane
Registrar

(25) Witness J. Moore (Signature of Witness necessary only when question 23 is signed by father)

(27) Filed Feb 7 1916 (28) J. Moore 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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.
McGraw-Hill of Columbia