

FILE 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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of or Inc. Town of or City of <u>Charleston</u> (No. <u>76</u> <u>Avenue</u>) (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		File No. <u>48348</u> For State Registrar Only	
(2) Full Name of Child. <u>Mary Frances Dunn</u>		Registration District No. <u>9A</u>		Registered No. <u>163</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet?		(5) Are Parents Married? <u>Yes</u>	
(6) Number in order of birth		(7) DATE OF BIRTH <u>Feb 10th 1916</u> (Name of Month) (Day) (Year)		If child is not yet named, make supplemental report as directed	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Ammon Dunn</u>			(14) NAME BEFORE MARRIAGE <u>Ruby Agnes Britain</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Livingston S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Livingston N.C.</u>			(18) BIRTHPLACE <u>Livingston S.C.</u>		
(13) OCCUPATION <u>Traveling Salesman</u>			(19) OCCUPATION <u>None</u>		
(20) Number of children born to mother, including present birth {			(21) Number of children of this mother now living, including present birth {		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Edmund M. D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>City</u>					
Given name added from a supplemental report <u>June 9 1916</u> <u>Superior</u> Registrar			(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark) <u>W. M. Green</u>		
(27) Filed <u>6/16/16</u>			(28) <u>W. M. Green</u> 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.

McCaw, of Columbia.