

FORM NO. 3.

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of Georgetown (No. 405 Orange St.; Ward)
(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.—For State Registrar Only

26091

(2) Full Name of Child

Dunmore

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 case of Twins or Triplets

(5) Number in order of birth 1st(6) Are Parents Married? Yes

(7) DATE

BIRTH June 11th 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

EDGAR-R-DUNMORE

(9) PRESENT POSTOFFICE OF FATHER

Georgetown - S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE

Georgetown - S.C.

(13) OCCUPATION

Belt Maker

(20) Number of children born to mother, including present birth

{ 7

MOTHER.

(14) NAME BEFORE MARRIAGE

THERESA HUDSON

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown - S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE

Georgetown County - S.C.

(19) OCCUPATION

Housekeeping

(21) Number of children of this mother now living, including present birth

{ 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rilla Richards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGeorgetown S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept 1912 (28) Wm. J. H. 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.
WRITE 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.

McCaw, of Columbia.