(1) PLACE OF BIRTH

County of Moulton

Township of Red Hill

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: 18508

Registration District No. 3307 Registered No. 19

(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 Dorthy Dunn

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

(3) Sex: Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Jan 13 1929 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: T J Dunn	(14) NAME BEFORE MARRIAGE: Beka Dunn
(9) PRESENT POSTOFFICE OF FATHER: Blenkin	(15) PRESENT POSTOFFICE OF MOTHER: Blenkin S C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 43 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: N C.	(18) BIRTHPLACE: N.C.
(13) OCCUPATION: Merchant.	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 2	(21) Number of children of this mother now living, including present birth: 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr C D Rogers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Blenkin S C

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed July 2 1923 (Date) [illegible]

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.