

(1) PLACE OF BIRTH

County of Florence
 Township of St. Johns
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

40278

Registration District No. 2007 Registered No. 62
 (For use of Local Registrar)

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

(2) Full Name of Child Ally Belle Dumas (If child is not yet named, make supplemental report as directed)

(3) SEX Female (4) Type or Figure 1 (5) Number in order of birth 1 (6) AGE 1 (7) DATE OF BIRTH October 9
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Dumas
 (9) PRESENT POST OFFICE OF FATHER Mar 13th St.
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 21
 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Chimes
 (15) PRESENT POST OFFICE OF MOTHER Mar 13th St.
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 15
 (Year)
 (18) BIRTHPLACE SC
 (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 or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mar 13th St.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mar 13th St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 12 1921 (28) Jan 12

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. Before the child comes to birth.