

(1) PLACE OF BIRTH

County of Lancaster
 Township of Byford
 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

43130

Registration District No. 2800

Registered No. 81
 (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 Doctor William Dunlap

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 7 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME 11
 (9) PRESENT POSTOFFICE OF FATHER 11
 (10) COLOR OR RACE 11 (11) AGE AT LAST BIRTHDAY 61
 (Years)
 (12) BIRTHPLACE 11
 (13) OCCUPATION 11
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Dunlap
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C. Rt. 5
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 15
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farming
 (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 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Hough (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 3 1923 (28) A. M. Hinson 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 3th month of pregnancy.