

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Snow
 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
40612

Registration District No. 209 Registered No. 63
 (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 Ruth Belle Dunbar If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 26, 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Quintman Dunbar
 (9) PRESENT POSTOFFICE OF FATHER Salley, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Mays
 (15) PRESENT POSTOFFICE OF MOTHER Salley, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Eliana Ash
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Springfield, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Salley
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 3, 1927 (28) Chas. H. Salley 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.

REGARD OF COLUMBIA, COLUMBIA, S. C.