

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>Fort Mill</u> or Inc. Town of or City of (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 Registration District No. <u>4406</u>		File No.—For State Registrar Only <u>75253</u>	
		Registered No. <u>60</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Died unnamed</u>		(No. St.; Ward) (If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1916</u> (Name) (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robt Dunlap</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Davis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill Dead</u>		
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Martha Witherspoon</u> at <u>11 9</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Martha Witherspoon</u>		(25) Address of Physician or Midwife <u>Fort Mill S. C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(26) Witness <u>A. F. Parker</u> (Signature of Witness necessary only when question 23 is signed by mark)			
....., 19		(27) Filed <u>8-14-1916</u> (28) <u>A. F. Parker</u> Registrar 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.