

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.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township Dummersville  
OF  
Inc. Town of Dummersville  
OF  
City of Dummersville

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42155

Registration District No. 17A Registered No. 48  
(For use of Local Registrar)  
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

Wm. Dummersville Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec. 12, 22</u>
(8) FATHER. FULL NAME <u>Wm. Dummersville</u> PRESENT POSTOFFICE OF FATHER <u>Dummersville S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (12) BIRTHPLACE <u>Dummersville S.C.</u> (13) OCCUPATION <u>Physician</u> (20) Number of children born to mother, including present birth <u>one</u>			(14) MOTHER. NAME BEFORE MARRIAGE <u>Mary P. Raynal</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Dummersville S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (18) BIRTHPLACE <u>Port Pleasant S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>one</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born born alive at 2 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. D. Shaffer  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Dummersville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
(27) Chas. D. Shaffer (28) Chas. D. Shaffer  
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.

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