

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cedar Creek
 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

19157

Registration District No 2802 Registered No. 30
 (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 Allee Dunlap

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH June 23, 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Legitimate -
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY.....
 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Dunlap
 (15) PRESENT POSTOFFICE OF MOTHER Stoneboro
 (16) COLOR OR RACE bst (17) AGE AT LAST BIRTHDAY.....
 (Years)
 (18) BIRTHPLACE Lancaster
 (19) OCCUPATION Farmwork

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lauretta Peay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeHeath Springs

Given name added from a supplemental report

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

(27) Filed June 24, 1922 (28) Jas. H. Panther
 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.