

FORM NO. 2

# CERTIFICATE OF BIRTH

File No. For State Registrar Only

74208

(1) PLACE OF BIRTH  
County of Spottsylvania

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of BS

Registration District No. 44009

Registered No. 1130  
(For use of Local Registrar)

or  
Inc. Town of

City of \_\_\_\_\_ (No. \_\_\_\_\_ of same, instead of street and number) \_\_\_\_\_ (Ward)

City of \_\_\_\_\_ (If birth occurs in a hospital or other institution, give name of same, instead of street and number)

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

(2) Full Name of Child William Clarence Dupree

DATE OF BIRTH Aug 30 1919  
(Name of Month) (Day) (Year)

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in event of Twins or Triplets

(6) Are Parent Married? Yes (7) DATE OF BIRTH Aug 30 1919  
(Name of Month) (Day) (Year)

FATHER'S

MOTHER'S

(8) FULL NAME Frank Dupree

(14) MARRIED BEFORE MARRIAGE Yes Edith J. Dupree

(9) PRESENT POSTOFFICE OF FATHER Dunwoody, SC

(15) PRESENT POSTOFFICE OF MOTHER Dunwoody, SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Dunwoody, SC on the date above stated: (Hour: A. M. or P. M.) 11:30 A.

(23) (Signature) J. Moore (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Dunwoody, SC

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by \_\_\_\_\_)

(27) Filed Sept 3 1919 (28) Local Registrar J. Moore

\*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.

MCCRAY of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.