

County of Anderson  
Township of T. 2. S. 1. E.  
or  
Inc. Town of .....  
or  
City of .....

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

2997

State Board of Health

Registration District No. 300 Registered No. 19  
(For use of Local Registrar)

City of ..... (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 Minnie Jean Dunn If child is not yet named, make supplemental report as directed

(7) ~~SON OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH: Feb 16 2 23  
(Name of Month) (Day) (Year)

(2) FULL NAME as H. Dunn

(7) PRESENT POSTOFFICE OF FATHER *Bettan 5 C*

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39

(12) BIRTHPLACE. , D -

(13) OCCUPATION  
Section Foreman RV

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

(10) NAME BEFORE MARRIAGE *Edie Holden*

(15) PRESENT POSTOFFICE OF MOTHER *445 Belmont St*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32*

(16) BIRTHPLACE

(19) OCCUPATION

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

(22) I hereby certify that I attended the birth of this child, who was Allen at 4 M.  
on the date above stated. 51 (Born alive or stillborn) Hour 4 M. or P. M.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife	(25) Address of Physic or Midwife
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Given name added from a supplemental report

(26) Witness .....

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

6 18 2 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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.