

MARGIN RESERVED FOR BINDING.
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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Saline

Township of

Inc. Town of

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

File No.—For State Registrar Only

64271

Registration District No. RD-A Registered No. 15-3

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Malie Dunlap Jr. 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?	(7) DATE OF BIRTH
				<u>June 26, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Millie Dunlap(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Florence S.C.(13) OCCUPATION Hotel(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Wells(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Florence S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed JUN 30 1916 (28) M. H. Jarrow 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.