

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
64271County of Saluda

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

OR
Inc. Town ofRegistration District No. R.D. A Registered No. 153

(For use of Local Registrar)

City of

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

(No. 901 Pine 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? <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 26, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|------------------|---|------------------------------|-------------------------------------|---|

FATHER.

MOTHER.

(8) FULL NAME Millie Dunlap(14) NAME BEFORE MARRIAGE Edna Wells(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Florence S.C. (18) BIRTHPLACE Florence S.C.(13) OCCUPATION Hotel (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth two (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

midwife Florence

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed JUN 30 1916 (28) M. H. Jarrow
Deputy 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.

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.