

Form No. 1

(1) PLACE OF BIRTH

County of Myrtle BeachTownship of Myrtle Beachor
City ofor
City of

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

File No.—For State Registrar Only
19204Registration District No. 4006 Registered No. 67
(For use of Local Registrar)(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 Fred Dupree If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>6-7-23</u> (Name of Month) (Day) (Year)
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FATHER (8) FULL NAME <u>Herbert Dupree</u> (9) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Millwork</u>		MOTHER (14) NAME BEFORE MARRIAGE <u>Lela North</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Trough S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u> (20) Number of children of this mother now living, including present birth <u>2</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-9 M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) M. J. ... (23) Address of Physician or Midwife Myrtle Beach S.C.

Give name added from a supplemental report

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

(25) Filed July 13 1923 (26) M. W. Brown 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