

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

File No.—For State Registrar Only  
**75912**

(1) PLACE OF BIRTH  
County of Calhoun  
Township of Caw Caw  
OR  
Inc. Town of ..... Registration District No. 501 Registered No. 78  
OR  
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 Hallie Letaa Dugger } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 7 (6) Are yes Parents Married? (7) DATE OF BIRTH July 13, 1916  
To be answered only in event of Twins or Triplets (Same of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Dugger  
(9) PRESENT POSTOFFICE OF FATHER St Matthews  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Convict Guard  
(20) Number of children born to mother, including present birth seven

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lizzie Ancker  
(15) PRESENT POSTOFFICE OF MOTHER St Matthews  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was alive at 12 ..... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) John Dugger  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 22, 1916 (28) J.H. ... Local Registrar.

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.

\*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.