

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of .....

OR

Inc. Town of .....

OR

City of Sumter

(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  
**16842**

Registration District No. 41A

Registered No. 64

(For use of Local Registrar)

(No. Transway Hospital)

St. .... Ward

(2) Full Name of Child Charlie Dukes Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1927  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME Charlie Dukes

(14) NAME BEFORE MARRIAGE Mary Dukes

(9) PRESENT POSTOFFICE OF FATHER Laura, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Year)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Year)

(12) BIRTHPLACE Laura, S.C.

(18) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm S. Bingham

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

Given name added from a supplemental report

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

(27) Filed Jan 10 1927 (28) S. D. Browning 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.

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