

(1) PLACE OF BIRTH

County of Windsor
 Township of King
 or
 Inc. Town of _____
 or
 City of _____ (No. _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

0441

Registration District No. 4302 Registered No. 20
 (For use of Local Registrar)

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

(2) Full Name of Child Edward R. Dukes

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 _____ (6) Are parents married yes (7) DATE OF BIRTH March 8, 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Dukes
 (9) PRESENT POSTOFFICE OF FATHER Kingstree
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Windsor
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Maggie McDary
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE Windsor
 (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Wilson

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

Given name added from a supplemental report

(26) Witness John Dukes

(Signature of Witness necessary only when Question 22 is signed by mark)

on March 18, 1922 (27) R. E. G. Graham

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 should be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.