

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18220

Registration District No. 1304

Registered No. 23
(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

Emeline Dukes

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents married?

(7) DATE OF

BIRTH June 22 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Jase Dukes

(9) PRESENT POSTOFFICE OF FATHER

Remini SC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Clarendon Co

(13) OCCUPATION

Farmer

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

1 2

MOTHER

(14) NAME BEFORE MARRIAGE

Suseline Dukes

(15) PRESENT POSTOFFICE OF MOTHER

Remini SC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Clarendon Co

(19) OCCUPATION

Home Field

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(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

June 22 22 (28) F. E. Richbourg
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 sixth month of pregnancy.