

## (1) PLACE OF BIRTH

County of YorkTownship of Fort Mill SCor Inc. Town of Fort MillCity of Fort Mill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 30639Registration District No. 4406Registered No. 71  
(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 David Lester Duncan

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

(3) Male (4) Yes (5) 3 (6) Yes (7) 9/28/28  
Sex of Child Is it a twin or triplet? Number in order of birth Are parents married Date of Birth (Month) (Day) (Year)

(8) David Lester Duncan (9) Fort Mill SC (10) W (11) 24 (12) NC (13) Housewife (14) Gertie May Fowler (15) Fort Mill SC (16) W (17) 24 (18) NC (19) Housewife (20) 1 (21) Phil

FATHER PRESENT POSTOFFICE OF FATHER COLOR OR RACE BIRTHPLACE OCCUPATION

MOTHER PRESENT POSTOFFICE OF MOTHER COLOR OR RACE BIRTHPLACE OCCUPATION

20. Number of children born to mother, including present birth

21. Number of children of the mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born a stillborn) (Hour) (Day) (Month) (Year)(23) (Signature) John R. [illegible] (24) State whether Physician or Midwife (25) Fort Mill SC

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 10/9/28 (28) J. L. Parker 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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