

(1) PLACE OF BIRTH

County of Dorchester
 Township of Huger
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3699

Registration District No. 1705Registered No. 12
(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 Agnes May Duke

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

(3) SEX OF CHILD Female (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 27th 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. D. Duke(9) PRESENT POSTOFFICE OF FATHER Reemerville N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Connelly(15) PRESENT POSTOFFICE OF MOTHER Reemerville N.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife

(21) Number of children of this 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 at 10 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. S. Duke

(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 Mar 3-2-23 (28) E. C. Eberhardt 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD. See note on FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.