

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *St. C. St. M.*
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27567

Registration District No. *909*Registered No. *148*
(For use of Local Registrar)

City of (No. *5* Mile 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

Louisa Belle Duke

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *July 25, 23*
 To be answered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER. (8) FULL NAME *Mack Duke* (9) NAME BEFORE MARRIAGE *Bettie Brown*

(10) PRESENT POSTOFFICE OF FATHER *Myers S. C.* (11) PRESENT POSTOFFICE OF MOTHER *Myers S. C.*

(12) COLOR OR RACE *C. C.* (13) AGE AT LAST BIRTHDAY *42* (14) COLOR OR RACE *C. C.* (15) AGE AT LAST BIRTHDAY *31*
 (Year) (Year)

(16) BIRTHPLACE *Kingstree S. C.* (17) BIRTHPLACE *Kingstree S. C.*

(18) OCCUPATION *Farm Laborer* (19) OCCUPATION *Housework*

(20) Number of children born to mother, including present birth *5* (21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.*, on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Daphne Cantt* (24) State whether Physician or Midwife *Midwife* (25) Address of Physic or Midwife

Given name added from a supplemental report

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

(27) Filed *Sept 25, 1923* (28) *C. F. Myers* 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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