

Form No. 1

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

No. — For State Registrar Only
12170

(1) PLACE OF BIRTH

County of Sumter
Township of Concord
or
Inc. Town of
or
City of

Registration District No. Registered No.
(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 Marie Louise Duran If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 15, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Duran

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Sumter

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Ellen Mellette

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Marysville S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Eliza Duran (24) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife Sumter S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 16, 1923 (28) 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.