

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19876

Registration District No. 389 Registered No. 89

(For use of Local Registrar)

Full Name of Child Infant Duval If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>B</u>	(14) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert William Duval(9) PRESENT POSTOFFICE OF FATHER 34 Haskell apt(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE DC(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Horace McPherson(15) PRESENT POSTOFFICE OF MOTHER 34 Haskell apt(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE DC(19) OCCUPATION House(20) 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 at Columbia on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 4:00 P.(23) (Signature) R. J. Gentry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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..... 191.....

..... 191.....

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6-25-22 (28) W. B. Gentry 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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