

## (1) PLACE OF BIRTH

County of Lee  
 Township of Cypress  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4832

Registration District No. 3001 Registered No. ....  
 (For use of Local Registrar)

City of ..... (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 Lilly Belle Dukes If child is not yet named, make supplemental report as directed.

(3) SEX OR girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jul 14 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Coon Dukes

(9) PRESENT POSTOFFICE OF FATHER Lamar

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY — (Years)

(12) BIRTHPLACE Darlington

(13) OCCUPATION —

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Eyre Worthington

(15) PRESENT POSTOFFICE OF MOTHER Lamar

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Darlington

(19) OCCUPATION Domestic

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) Isabella X Caesar  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness P. H. Grant  
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 1/21 (27) M. J. Bone 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.