

(1) PLACE OF BIRTH
County of Charleston
Township of Charleston
or
City of

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

W.C. - For use of Local Registrar
23993

Registration District No. 1706 Registered No. 98
(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 Duncan Ross (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 3 (6) DATE OF BIRTH June 30, 1938

FATHER: (7) FULL NAME Duncan Ross (8) PRESENT RESIDENCE OF FATHER Charleston, S.C.

(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 38 (11) DATE OF BIRTH June 30, 1900

(12) OCCUPATION Farming

(13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 15

MOTHER: (14) FULL NAME May Jones (15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (18) DATE OF BIRTH June 30, 1902

(19) OCCUPATION House-keeping

(20) NUMBER OF CHILDREN OF HIS MOTHER NOW ALIVE, INCLUDING PRESENT BIRTH 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature) J. Lee Duncan (23) Address of Physician or Midwife Charleston, S.C.

(24) State whether Physician or Midwife Physician (25) Address of Hospital or Clinic None

Given name added from a supplemental report

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

(27) Filed 8/20 23 (28) Registrar J. Lee Duncan

*When there was no attending physician or midwife, then the father, householder, etc., should report the birth of a child. If a child breathes even once, it must not be reported as stillborn. No report is required as to the sex of the child before the fifth month of pregnancy.