

(1) PLACE OF BIRTH

County of *Robeson*Township of *Rocky Spring*Inc. Town of *Rocky Spring*City of *Rocky Spring*

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

(2) Full Name of Child *William Duane Duane*(3) BOY OR GIRL *Boy*(4) Twin or Triplet *-*(5) Number in order of birth *-*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *March 17, 1923*

(Name of Month) (Day) (Year)

(8) FULL NAME *Bernie Duane*(9) PRESENT POSTOFFICE OF FATHER *Sally S.C.*(10) COLOR OR RACE *Negro*(11) BIRTHPLACE *S.C.*(12) OCCUPATION *School*(13) Number of children born to mother, including present birth *One*

FATHER

(14) NAME BEFORE MARRIAGE *Lena Abney*(15) PRESENT POSTOFFICE OF MOTHER *Wagoner S.C.*(16) COLOR OR RACE *Negro*(17) BIRTHPLACE *S.C.*(18) OCCUPATION *Housewife*(19) Number of children of this mother now living, including present birth *One*

MOTHER

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* at *8 A.M.* on the date above stated. (Hour A.M. or P.M.)(21) (Signature) *John T. Bledsoe*(22) State whether Physician or Midwife *Physician*(23) Address of Physician or Midwife *Wagoner S.C.*

Given name added from a supplemental report

(24) Witness *John T. Bledsoe*

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

(25) Filed *March 30, 1923*(26) *John T. Bledsoe*

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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