

Form No. 10
MAILED
WHITE PLAINLY, WITH UNFOLDING INSIDE - THIS IS A PERMANENT RECORD
N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 6.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

44764

County of Sumter

Township of Mayville

Inc. Town of

Registration District No. 402

Registered No. 117

(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 Billy Wilson Mc Duffie

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married? Yes

(7) DATE OF BIRTH Dec 7

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Level Mc Duffie

(14) NAME BEFORE MARRIAGE Viola Wilson

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

(15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Lee Co. S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farm

(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Long

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

Mail Wife Mayville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 14 1911 (28) W. G. Thomas 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.

*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.