

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spartanburg, S.C. (No. 327 E. Liberty 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 Mathew Wilson Duncan (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 Parents Married? married (7) DATE OF BIRTH May 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddie Duncan(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE butler hotel(13) OCCUPATION S.C.(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Ferguson(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 born alive at 3 M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Janie Ferguson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Janie Ferguson

Given name, address from a supplemental report.

(26) Witness 2 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-1-22 (28) Jas. Copes 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.