

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19706

Registration District No. 3609

Registered No. 89
(For use of Local Registrar)

(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 *Un named* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 30, 1977</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <i>Rufus Durant</i>	(14) NAME BEFORE MARRIAGE <i>Victoria Grant</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Holly Hill S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Holly Hill S.C.</i>
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>45</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>34</i> (Years)
(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>S.C.</i>	(19) OCCUPATION <i>Domestic</i>	(21) Number of children of this mother now living, including present birth <i>3</i>
(13) OCCUPATION <i>Domestic</i>			
(20) Number of children born to mother, including present birth <i>6</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) <i>Virginia Duggins</i>	(25) Address of Physician or Midwife <i>Holly Hill S.C.</i>
(24) State whether <i>Midwife</i>	

Given name added from a supplemental report

(26) Witness *M. Deesman*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *July 6, 1977* (28) *M. Deesman* 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.

RECEIVED BY THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES, FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

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