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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Anderson

Township of _____

or

Inc. Town of Williamston

or

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-C

FILE No.—For State Registrar Only

03846

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD Sarah Reeder Duncan

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

3. Sex Girl <input checked="" type="checkbox"/> If Plural births <u>Sub</u>	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Nov. 7</u> 19 <u>16</u> (Month, day, year)
9. Full name <u>Thomas Duncan</u> FATHER			18. Name before marriage <u>Ido Hawkins</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Box 117 Williamston S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Box 117 Williamston S.C.</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>34</u> (years)		20. Color or race <u>Negro</u>	
13. Birthplace (city or place) (State or country) <u>Laurens County</u>		21. Age at child's birth <u>30</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rock quarry</u>		22. Birthplace (city or place) (State or country) <u>Williamston, S.C.</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Laundry work</u>			
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>5</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>	
19. _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work <u>4 1/2</u>	
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____ (Before labor _____ During labor _____)			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 6 am m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____
a supplementary report _____
(Date of) _____(Signed) Tom Duncan, Parentor father, GuardianAddress Williamston, S.C.Filed July 25, 1916 M. B. Woodward

Registrar.

Registrar.