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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 Williston
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3-C

FILE No.—For State Registrar Only

03846

Registered No. _____
(For use of Local Registrar)(No. Misses 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 Sarah Reeder Duncan

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

3. Boy Girl <u>girl</u>	If Plural births _____	4. Twin, triplet or other _____	6. Premature _____	7. Are Parents _____	8. Date of birth <u>Nov. 7</u> 19 <u>16</u> (Month, day, year)
5. Number, in order of birth _____	Full term <u>yes</u>		Married? <u>yes</u>		
9. Full name <u>Thomas Duncan</u> FATHER			18. Name before marriage <u>Ida Hawkins</u> MOTHER		
10. Residence (mailing address) <u>Box 117 Williston S.C.</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>Box 117 Williston S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>34</u> (years)		20. Color or race <u>Negro</u> 21. Age at child's birth <u>30</u> (years)	
13. Birthplace (city or place) <u>Laurens County</u> (State or country)			22. Birthplace (city or place) <u>Williston S.C.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rock quarry</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Laundry work</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work <u>July 1916</u>		
17. Total time (years) spent in this work <u>5</u>			26. Total time (years) spent in this work <u>4</u>		

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 23 (b) Born alive but now dead 1 (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 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 Williston S.C.Filed July 25, 1916 M. B. Woodward

Registrar.

Registrar.