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(1) PLACE OF BIRTH  
 County of Sumter C.  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 30302  
 Registered No. 165  
 (For use of Local Registrar)

(2) Full Name of Child Jack Dutton Duke  
 (If child is not yet named, make supplemental report as directed)

(3) SEX MALE  
 (4) Twin or Triplet No  
 (5) Number in order of birth 1  
 (6) Are Parents Married yes  
 (7) DATE OF BIRTH Sept. 30, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Ernest Duke  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE English  
 (11) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (12) BIRTHPLACE New Castle, An-tique, Ind.  
 (13) OCCUPATION Electrical Contractor  
 (14) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Beth Margaret Dutton  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE U.S.A.  
 (17) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (18) BIRTHPLACE Sumter S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Need  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Sumter S.C.

(Given name added from a supplemental report) .....  
 (26) Witness: (Signature of Witness necessary only when question 22 is signed by mark) .....  
 (27) Filed Oct. 5, 1923 (28) D. O. Manning 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.

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