

## (1) PLACE OF BIRTH

County of Horry  
 Township of Bayboro  
 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

42945

Registration District No. 2-5-00 Registered No. 9-3  
 (For use of Local Registrar)

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

(2) Full Name of Child Thomas M. Duffie { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH ..... 19.....  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Canoy  
 (9) PRESENT POSTOFFICE OF FATHER Louis, O. C. R.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Horry county, SC.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Mumie Helen Hardee  
 (15) PRESENT POSTOFFICE OF MOTHER Louis, O. C. R.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Horry county, SC.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Jan 11 1923

(28)

J. E. Bae 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in Question

MOBAG OF COLUMBIA, COLUMBIA, S. C.

MOBAG