

When provided hereon for a child, and mark the  
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. For State Registrar Only <b>128</b>	
County of <u>allendale</u> Township of <u>culter</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward)				Registration District No. <u>4665</u> Registered No. .... (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 <u>Carrie Duncin</u>		(If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 1922</u> (Name of Month) (Day) (Year)	
To be answered only in event of Twin or Triplets					
<b>FATHER.</b> (8) FULL NAME <u>James Duncin</u> (9) PRESENT POSTOFFICE OF FATHER <u>Luray S.C.R.</u> (10) COLOR OR RACE <u>Chad</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Marion Charlotte</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Luray S.C.R.</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>former wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:45 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Janie Curry midwife</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Edell S.C.R. 2</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>Jan 10 1922</u> (27) Filed <u>Jan 10 1922</u> (28) <u>J.A. Rouse</u> 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.					

State of South Carolina, S. C.