

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. **14475**

County of **Harvey**
 City of **Spring Creek**
 or
 Town of

Registration District No. **7509** Registered No. **73**
 (For use of Local Registrar)

City of (No. 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 **J. D. Duncan Jr.** If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD **Boy** (2) TYPE OF TISSUE **Y** (3) NUMBER IN ORDER OF BIRTH **-** (4) AGE **Yr** DATE OF BIRTH **Mar 18 1973**
 (Name of Month) (Day) (Year)

FATHER.
 (5) FULL NAME **J. D. Duncan**
 (6) PRESENT RESIDENCE OF FATHER **Loris #4, S.C.**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **37**
 (Year) (12) BIRTHPLACE **Harvey County S.C.**
 (13) OCCUPATION **Homemaker**
 (14) Number of children born to mother, including present birth **2**

MOTHER.
 (15) NAME BEFORE MARRIAGE **Lizette Bryant**
 (16) PRESENT RESIDENCE OF MOTHER **Loris #4 A.C.**
 (18) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **37**
 (Year) (19) BIRTHPLACE **Harvey County S.C.**
 (20) OCCUPATION **Homemaker**
 (21) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was **born alive** at **11 P.M.**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **A. C. Hardin**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Loris #4 S.C.**

Given name added from a supplemental report
 (26) Witness **J. D. Duncan**
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Local Registrar **Harvey County S.C.**

*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.

Local Registrar **Harvey County S.C.**
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