

(1) PLACE OF BIRTH

County of AnderTownship of Piedmontor
Inc. Town of Piedmontor
City of Piedmont(No. 3 St.; 13 Ward)

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

(2) Full Name of Child Amie Maud Duncan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 4, 1922
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Arnel Duncan (14) NAME BEFORE MARRIAGE Bonnie Hammett

(9) PRESENT POSTOFFICE OF FATHER Piedmont (15) PRESENT POSTOFFICE OF MOTHER Piedmont

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE N.C.

(13) OCCUPATION Misc Work (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1240 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

(27) Filed Dec 6, 1922 (28) [Signature] 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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