

(1) PRACH OF BIRTH
County of Richland....
Township of

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

11732

Inc. Town of Registration District 38 Registered No. 353
City of Columbia (No. 315 N. Main 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 William Lewis Duke

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William Albert Lewis Duke</u>			(14) NAME BEFORE MARRIAGE <u>Annies Louise Neely</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Hamlet S.C.</u>			(16) BIRTHPLACE <u>Lykesland S.C.</u>	
(13) OCCUPATION <u>Septic</u>			(18) OCCUPATION <u>H. R.</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. R. Neely
(24) State whether Physician or Midwife O. (25) Address of Physician or Midwife 2412 Preston

Given name added from a supplemental report

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

(27) Filed Mar 16 1911 (28) A. J. Sloan 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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