

(1) PLACE OF BIRTH

County of Wayne
 Township of Mo
 Inc. Town of
 OF
 City of

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

File No. — For State Registrar Only

29460

Registration District No. 3408Registered No. 81
(For use of Local Registrar)

City of 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

Nike Brown Duke

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 15 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

E. L. Duke

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Waynesboro, Va.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39
(Years)

(12) BIRTHPLACE

Waynesboro, Va.

(13) OCCUPATION

Not reported

(20) Number of children born to mother, including present birth

5

(14) NAME BEFORE MARRIAGE

Lena Duke

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

Waynesboro, Va.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Waynesboro, Va.

(19) OCCUPATION

Not reported

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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

Oct 1st 1923

(28)

S. S. Cunningham
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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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