

(1) PLACE OF BIRTH

County of MyrtleTownship of 1stor
Inc. Town of MyrtleCity of Myrtle

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - for State Registrar

28455

Registration District No. 22A Registered No. 780

(For use of Local Registrar)

(No. 114 Shumate St.; 1st Ward)

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

(2) Full Name of Child Mildred Elizabeth Duckett (If not yet named, make supplemental report as directed)

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 9, 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Napoleon Duckett(9) PRESENT POSTOFFICE OF FATHER Myrtle, SC
114 Shumate St.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE SC.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Young(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE SC.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. J. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle, SC

(Given name added from a supplemental report)

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

(27) Filed Oct. 9, 1923 (28) C. J. Smith 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.

When not reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.