

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH A LEADING INDICATING IN A PERMANENT RECORD  
N. H.—In case of TWINS or TRIPLETS use a separate page for EACH CHILD, and mark the  
FIRST-BORN, NO. 1 THE OTHER NO. 2, etc., in question 5.  
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(1) PLACE OF BIRTH

County of Spartanburg

Township of Paclet

or  
Inc. Town of .....

or  
City of .....

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

(2) Full Name of Child

Margaret Ellen

File No.—For State Registrar Only

20212

Registration District No. 4006

Registered No. 67

(For use of Local Registrar)

(No. .... St.; .... Ward)

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 case of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

6-23-22

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

G. C. Duggins

9. PRESENT POSTOFFICE OF FATHER

Trough, S.C.

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Millwork

20. Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Duckett

(15) PRESENT POSTOFFICE OF MOTHER

Trough, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. L. Kirkpatrick

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Paclet, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 1, 1922

(28) M. W. Brown

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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