

(1) PLACE OF BIRTH

County of Wm. King
Township of Wm. King
or
Inc. Town of.....
or
City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22855

Registration District No. 4302 Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Cornelia 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 July 13, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave Duke
(9) PRESENT POSTOFFICE OF FATHER Kingsburg
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Wm. King
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Prinima McDary
(15) PRESENT POSTOFFICE OF MOTHER Kingsburg
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 2 (Years)
(18) BIRTHPLACE Wm. King
(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 1
(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 alive at 9:30 P. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Shaw (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingsburg

Given name added from a supplemental report

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

(27) Filed July 26, 1923 (28) J. E. Jackson Local Registrar.

*When there was no attending physician or midwife, when 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.