

Form No 1.

## (1) PLACE OF BIRTH

County of HamTownship of Hayth

or

Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64847

Registration District No. 2508 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Ruby Shirley Duncan

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Ruby Loyd Duncan(9) PRESENT POSTOFFICE OF FATHER Nichols D.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Hampton S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Basson(15) PRESENT POSTOFFICE OF MOTHER Nichols D.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Curragode N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. W. McDaniel(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midway Nichols & Co.

Given name added from a supplemental report

, 191...

Registrar

(26) Witness Jessie Ford

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

(27) Filed 7-10-16 (28) M. W. McDaniel 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.

MARGIN RESERVED FOR BINDING.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.