

FORM NO. 1.

(1) PLACE OF BIRTH

County of DorchesterTownship of Grahamor
Inc. Town ofor
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

46069

Registration District No. 1794 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Wilson, Duke { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(Take account only in case of twins or triplets)</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 27, 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wilson, Duke(9) PRESENT POSTOFFICE OF FATHER Dorchester, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE St. George, S.C.(13) OCCUPATION A. F. D. Carrier(14) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Singletary(15) PRESENT POSTOFFICE OF MOTHER Dorchester, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Pineapolis(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 2 Female on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. B. Harley M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dorchester, S.C.

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

(26) Witness SC (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Jan 28, 1906 (28) L. H. McIntosh Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child is born 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.
 WHEN FILLING, WORK CONTAINING HERE—THIS IS A PERMANENT RECORD.
 THE OFFICE OF RECORDS AND STATISTICS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 NUMBER OF CHILDREN BORN TO EACH MOTHER, AND THE DATE OF BIRTH.