

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*
Township of *St. Phillips*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. *909*

File No.—For State Registrar Only

88865

Registered No. *172*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. *7 Mile* St.; Ward)

(2) Full Name of Child *Nannie Duke*

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

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH... *Dec. 12, 1916*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Mack Duke*
(9) PRESENT POSTOFFICE OF FATHER *U. S. Navy Yard*
(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY... *40*
(12) BIRTHPLACE *Williamsburg Co.*
(13) OCCUPATION *Phos. Laborer*

MOTHER

(14) NAME BEFORE MARRIAGE *Leah Brown*
(15) PRESENT POSTOFFICE OF MOTHER *U. S. Navy Yard*
(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY... *35*
(18) BIRTHPLACE *Williamsburg Co.*
(19) OCCUPATION *Housework*

(20) Number of children born to mother, including present birth *5* (21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 a.* M., on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Sallie Smalls*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *7 Mile*

Given name added from a supplemental report

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

(27) Filed *Jan. 1, 1916* (28) *C. F. Myers* 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.