

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

40738

Registration District No. 37Registered No. 472

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child NEVELINE DUNCAN If child is not yet named, make supplemental report as directed(3) ~~BOY~~ OR
GIRL(4) NEVELINE
or Infant?(5) Number in
order of birth(6) Are
Parents
Married? Y

(7) DATE OF

BIRTH Dec 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEDALLIE L. DUNCAN(9) PRESENT
POSTOFFICE
OF FATHERAnderson(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY

(Years)

30

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Millwright(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEEllie Sumner(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY

(Years)

29

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness, not necessary
when question 23 is signed)(27) Filed 12-22-22(28) 12-22-22(29) ANDERSON, S. J.
Local RegistrarWhen 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.