

(1) PLACE OF BIRTH

County of Sumter
 Township of
 or
 Inc. Town of
 or
 City of Sumter
 (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

82592

Registration District No. 410 Registered No. 193
 (For use of Local Registrar)

(No. C. Kendrick St.; 4 Ward)
 (If child is not yet named, make supplemental report as directed.)

(2) Full Name of Child William Adey Duke

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 28, 1916
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Geo. O. Duke Jr
 (9) PRESENT POSTOFFICE OF FATHER Sumter SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE Charleston SC
 (13) OCCUPATION Gas Fitter
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Daisy P Cop
 (15) PRESENT POSTOFFICE OF MOTHER Sumter SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Hampton SC
 (19) OCCUPATION House wife
 (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 at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sadie Sanders
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

 19 .. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 20, 1916 (28) N. J. Kagan 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 RESEAL FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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.
 MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

Only
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 Ward)
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