

(1) PLACE OF BIRTH

County of Newberry
 Township of No. 1
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

7951

Registration District No. 3408 Registered No. 152
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Previous Married? yes (7) DATE OF BIRTH Feb 22, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Haylor
 (9) PRESENT POSTOFFICE OF FATHER Newberry S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)
 (12) BIRTHPLACE Livingston Co., S.C.
 (13) OCCUPATION Cotton Mill Operator

MOTHER.

(14) NAME BEFORE MARRIAGE Oliver C. Duckett
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Newberry S.C.
 (19) OCCUPATION Housework
 (20) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 9 A.M. on the date above stated. (Dead, live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May 40(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

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

(27) Filed March 21, 1923 (28) S. S. Birmingham 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.