CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3703

(1) PLACE OF BIRTH

County of Chesterfield

Township of Mt. Croghan

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1205 Registered No. 16 (For use of Local Registrar)

(2) Full Name of Child Mollie Duse — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 4 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	J. C. Duse	(14) NAME BEFORE MARRIAGE	P. A. Burr
(9) PRESENT POSTOFFICE OF FATHER	Ruby S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Ruby S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	27 (Years)	(17) AGE AT LAST BIRTHDAY	33 (Years)
(12) BIRTHPLACE	Union County N.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	House work
(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 11 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Newson

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Ruby S.C.

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 ..... 19 .... (28) A. B. Pelkearn
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.

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.

McCAW of COLUMBIA, COLUMBIA, S. C.