

MARGIN RESERVED 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 FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or

Inc. Town of .....

or

City of .....

(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

16403

 Registration District No. 3704 Registered No. les  
 (For use of Local Registrar)

## (2) Full Name of Child

(No. .... St. .... Ward)

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

(3) BOY OR GIRL?

G

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 14, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Oscar Duke

(9) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

48  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

12

## MOTHER

(14) NAME BEFORE MARRIAGE

Corrie Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

3  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... 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 supplemental report

(26) Witness

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

(27) Filed

June 12, 1922

(28)

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.