

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
C. Town of .....or  
City of Baker, Louisiana

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

(2) Full Name of Child Wendy Ellen Duncan

File No.—For State Registrar Only

17834

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9ARegistered No. 803  
(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/20/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harley Nicodemus Duncan(9) PRESENT POSTOFFICE OF FATHER Harley, La.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Louisiana(13) OCCUPATION Owner of Insurance Co.(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lady Margaret Meagher(15) PRESENT POSTOFFICE OF MOTHER Harley, La.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive 6/20/22 at 11:37 P.M.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Midwife Mrs. J. M. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

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

(27) Filed 6/23 1922 J. M. Green M.D. Local Registrar

Given name added from a supplemental report

19 .....

\*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.

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