

(1) PLACE OF BIRTH

County of LeeTownship of Mechanicville

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

69297

Registration District No. 3403Registration No. 24

(For use of Local Registrar)

(2) Full Name of Child William, M.C. Duffie

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

(a) BOY OR GIRL

(b) Twin or Triplet?

(c) Number in order of birth

(d) Are Parents Blooded?

(e) DATE OF BIRTH

June 30, 1904

FATHER.

(a) FULL NAME

Liam M.C. Duffie

(b) PRESENT POSTOFFICE OF FATHER

Durham, N.C.

(c) COLOR OR RACE

Caucasian

(d) AGE AT LAST BIRTHDAY

30

(Years)

(e) BIRTHPLACE

Lee Co., N.C.

(f) OCCUPATION

Laborer

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

9

MOTHER.

(a) NAME BEFORE MARRIAGE

Siller Harris

(b) PRESENT POSTOFFICE OF MOTHER

Durham, N.C.

(c) COLOR OR RACE

Caucasian

(d) AGE AT LAST BIRTHDAY

27

(Years)

(e) BIRTHPLACE

Lee Co., N.C.

(f) OCCUPATION

House Wife

(g) 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 alive, at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) C. R. Barber

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Durham, N.C.

Given name added from a supplemental report

(26) Witness

C. R. Barber(27) Date 7/31/04

(28)

C. R. Barber

Local Registrar

When there was no attending physician or midwife, then the mother, householders, etc., should make this return. If a child becomes sick or dies, the mother or householders should report the death or stillbirth, giving date and cause of death.