

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Proctorville

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4105

File No.—For State Registrar Only

30355

Registered No. 69  
(For use of Local Registrar)

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

(2) Full Name of Child Kellie M.C. Duffie

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

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 6 1925</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Marshall M.C. Duffie(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Kellie Poston(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1-0 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dora Peterson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Greenville S.C.

Given name added from a supplemental report

(26) Witness M.C. Rivers  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 12 1925 (28) J.B. Raffield  
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.