

No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of Reynolds  
 or  
 Inc. Town of Mullins  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20234

Registration District No. 37BRegistered No. 35  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital, give name of same instead of street and number.)

(2) Full Name of Child Earl M. Duffie If child is not yet named, make supplemental report as directed

(3) SEX <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) <u>Male</u>	(7) DATE OF BIRTH <u>July 7, 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Detter M. Duffie</u>			(9) MOTHER <u>Mary Williams</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Mullins</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>	
(12) COLOR OR RACE <u>B</u>	(13) AGE AT LAST BIRTHDAY <u>24</u>	(14) COLOR OR RACE <u>B</u>	(15) AGE AT LAST BIRTHDAY <u>24</u>	
(16) BIRTHPLACE <u>Marion Co.</u>			(17) BIRTHPLACE <u>Marion Co.</u>	
(18) OCCUPATION <u>Blacklayer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Baker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness Earl M. Duffie

(Signature of Witness)

When question 23 is signed

(27) File July 18, 1923

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.