

(1) PLACE OF BIRTH

County of Dorchester

Township of

or
Inc. Town ofor
City of St. George

(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

8785

Registration District No. 1703Registered No. 21
(For use of Local Registrar)(2) Full Name of Child CHARLES WILLIAMS DUKES

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

3 BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 24 7 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas H. Dukes

(9) PRESENT POSTOFFICE OF FATHER

St. George, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Barber

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Sottie Hilton

(15) PRESENT POSTOFFICE OF MOTHER

St. George, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

5

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) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.St. George, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

19
Registrar

(27) Filed

19

(28) [Signature]
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.

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B-2-In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 3

Bureau of Statistics, Columbia, S. C.