

B-2a Use of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 Medium of Columns. Column. 8

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Dorchester  
 Township of .....  
 Inc. Town of .....  
 City of St. George (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. - For State Registrar Only  
8785  
 Registration District No. 1703 Registered 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? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>24 7 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
8 FULL NAME <u>Thomas H. Dukes</u>	(14) NAME BEFORE MARRIAGE <u>Sottie Hilton</u>			
9 PRESENT POSTOFFICE OF FATHER <u>St. George, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. George, S.C.</u>			
10 COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)	16 COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
12 BIRTHPLACE <u>S.C.</u>		18 BIRTHPLACE <u>S.e.</u>		
13 OCCUPATION <u>Barber</u>		19 OCCUPATION <u>Housewife</u>		
20 Number of children born to mother, including present birth <u>5</u>		21 Number of children of this mother now living, including present birth <u>5</u>		

**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 Phys. (25) Address of Physician or Midwife  
St. George, S.C.

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (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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