

N. B.—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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		17770	
Township of <u>Greenville</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2201</u>		Registered No. <u>35</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Elizabeth S. Duncan</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Type or Triplet	(5) Number in order of birth	(6) Sex	(7) DATE OF BIRTH <u>June 2, 1923</u>	(8) (Name of Month) (Day) (Year)
FATHER			MOTHER		
(9) FULL NAME <u>Clayton Duncan</u>			(10) NAME BEFORE MARRIAGE <u>Elizabeth Fairley</u>		
(11) PRESENT POST OFFICE OF FATHER <u>Travelers Rest S.C.</u>			(12) PRESENT POST OFFICE OF MOTHER <u>Same</u>		
(13) COLOR OR RACE <u>W.</u>	(14) AGE AT LAST BIRTHDAY <u>24</u>	(15) COLOR OR RACE <u>W.</u>	(16) AGE AT LAST BIRTHDAY <u>18</u>		
(17) BIRTHPLACE <u>S. C.</u>		(18) BIRTHPLACE <u>N. C.</u>			
(19) OCCUPATION <u>Housewife</u>		(20) OCCUPATION <u>Housewife</u>			
(21) Number of children born to mother, including present birth <u>1</u>		(22) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated.					
(24) (Signature) <u>C. C. Shoud</u>		(25) State whether Physician or Midwife		(26) Address of Physician or Midwife	
(27) Given name added from a supplemental report <u>Gamie Fairley</u>					
(28) Witness (Signature of Witness necessary only when question 23 is signed by mother) <u>Dr. Shoud</u>					
(29) Filed <u>June 19, 1923</u> (30) <u>Dr. Shoud</u> 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.					