

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of

(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

40197

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Beatrice Duncan(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1916

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

FATHER.

(8) FULL NAME W. R. Duncan(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Bridges(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12 20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. C. Campbell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Piedmont

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 28 1916 (28) R. P. Phillips 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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