

MADE IN COLUMBIA, S. C.
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 5.

(1) PLACE OF BIRTH County of <u>Wm.burg</u> Township of <u>11th St.</u> or Inc. Town of..... or 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 20437	
		Registration District No. <u>4301</u>		Registered No. <u>72</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Thomas Duke</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 22</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Thomas Duke</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greelyville St.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>35 1/2</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Lucia Lemoine</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greelyville St.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>33</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>8</u>			21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Boy</u> <u>black</u> , at <u>4 A.M.</u> , on the date above stated. (Be alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rachel Green</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Greelyville St.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>June 29, 22</u>		
19			(27) Filed <u>June 29, 22</u> (28) <u>C. P. Plummer</u> Registrar Local Registrar.		
*When there was no attending physician or midwife, then the father, household, 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.					