

1. 25  
2. 25

(1) PLACE OF BIRTH  
County of Williamsburg  
Township of Jun. Reg.  
OR  
Inc. Town of \_\_\_\_\_  
OR  
City of \_\_\_\_\_

(2) Full Name of Child Carrel Duffin

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**50734**

Registration District No. 7311 Registered No. 18  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

St.: \_\_\_\_\_ Ward: \_\_\_\_\_

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 24, 1914</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	------------------------------------	-------------------------------------	---

**FATHER.**

(8) FULL NAME Joe Duffin

(9) PRESENT POSTOFFICE OF FATHER Wesmouth S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Williamsburg

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Nesmith

(15) PRESENT POSTOFFICE OF MOTHER Wesmouth S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Williamsburg

(19) OCCUPATION Housewife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrel Duffin

(25) Address of Physician or Midwife \_\_\_\_\_

(24) State whether Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_

191 \_\_\_\_\_

Registrar \_\_\_\_\_

(26) Witness \_\_\_\_\_  
(Signature or Witness necessary only when question 22 is signed by mother)

(27) Filed Mar. 1, 1914 (28) W. B. Swain 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.

\*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.