

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

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

(2) Full Name of Child Dollie Elizabeth McDuffie

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

3) BOY OR GIRL girl 4) Term or Triplet Term 5) Number in order of birth 1 6) Are parents married yes 7) DATE OF BIRTH Dec 1 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Edward Archibald McDuffie9) PRESENT POSTOFFICE OF FATHER Florence, S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 32
(Year)12) BIRTHPLACE Chicago, Ill.13) OCCUPATION Electrician A.C.S. Ry.14) Number of children born to mother, including present birth One

MOTHER.

15) NAME BEFORE MARRIAGE Lorena De Vane16) PRESENT POSTOFFICE OF MOTHER Florence, S.C.17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 32
(Year)19) BIRTHPLACE Wilmington, N.C.20) OCCUPATION X21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. HICKS M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence, 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 Dec 3 1923 (28) P. H. Prishaw
(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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STANDARD FORM NO. 1, 1-10-23. PREPARED BY THE BUREAU OF VITAL STATISTICS, U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. (10-23)