

(1) PLACE OF BIRTH
County of Horry
Township of Simpson

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
43002

Inc. Town of Registration District No. 25094 Registered No. 117
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Birtie Duncan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Oct 27 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Duncan

(9) PRESENT POSTOFFICE OF FATHER Loris R #25C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
(Years)

(12) BIRTHPLACE Horry Co SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Cox

(15) PRESENT POSTOFFICE OF MOTHER Loris R #25C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE Horry Co SC

(19) OCCUPATION House wife

(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 born alive at Lomahiae 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. A. C. Cox (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Loris R #25C

Given name added from a supplemental report

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

(27) Filed 11/2 22 (28) E. J. Vaughn Loc. 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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