

(1) PLACE OF BIRTH

County of FarlingtonTownship of Lebanonor
Inc. Town ofor
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

Registration District No. 1504

File No. — For State Registrar Only

29866

Registered No. 14-94
(For use of Local Registrar)

(2) Full Name of Child

May Duke

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

(3) SEX OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

To be answered only in event of Twin or Triplet

(Name) (Month) (Day) (Year)

(8) FULL NAME Nelson DuBois(9) PRESENT
POSTOFFICE
OF FATHERLancaster S C(10) COLOR
OR
RACECol.(11) AGE AT LAST
BIRTHDAY38
(Years)

(12) BIRTHPLACE

Lancaster S C

(13) OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGERizzel Brown(15) PRESENT
POSTOFFICE
OF MOTHERLancaster S C(16) COLOR
OR
RACEC.(17) AGE AT LAST
BIRTHDAY33
(Years)

(18) BIRTHPLACE

Lancaster S C

(19) OCCUPATION

—(20) Number of children born to
mother, including present birth17(21) Number of children of this mother
now living, including present birth17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

G. L. Boykin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lancaster S CGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

1-12-1921 (28) R. J. Chaplin
Local RegistrarWhen 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.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.