(1) PLACE OF BIRTH

County of Williamsburg

Township of Kingstree

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

FOR U.S. — For Data Registration Area

5446

Registration District No. 4202 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Ida Dukes

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

(3) SEX OF CHILD: girl

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: Feb. (Month) 17 (Day) 1923 (Year)

FATHER.

(8) FULL NAME: Arthur D. Dukes

(9) PRESENT POSTOFFICE OF FATHER: Kingstree S C

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 51 (Years)

(12) BIRTHPLACE: Williamsburg Co. S C

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 12

MOTHER.

(14) MAIDEN NAME BEFORE MARRIAGE: Janie Scott

(15) PRESENT POSTOFFICE OF MOTHER: Kingstree

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 39 (Years)

(18) BIRTHPLACE: Williamsburg Co. S C

(19) OCCUPATION: Housekeeper

(21) Number of children of this mother now living, including present birth: 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rosa + Wilson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Kingstree

(26) Witness A. D. Dukes
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 24 1923 (28) B. E. Clarkson, Local Registrar

Given name added from a supplemental report

..... 19 ....
..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.