

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town ofor
City of Easley, S.C.

(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

File No.—For State Registrar Only

36044

Registration District No. 27-ARegistered No. 157

(For use of Local Registrar)

(2) Full Name of Child Inna Estelle Duncan

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? no(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

Oct. 221922

(To be answered only in case of Twin or Triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry Duncan(9) PRESENT POSTOFFICE OF FATHER Easley, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION mill hand(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Phillips(15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION mill hand(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Easley, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed Nov. 4, 1922 (28) W. B. Thomas 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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