

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
Township of Mt. Carmel
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39323

Registration District No. 4504

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Thomas Mc Duffie

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No. (5) Number in order of birth No. (6) Are Parents Married? No. (7) DATE OF BIRTH Nov. 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Huff
(9) PRESENT POSTOFFICE OF FATHER Mt. Carmel, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Mt. Carmel, S.C.
(13) OCCUPATION Farm hand
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ackie B. McDuffie
(15) PRESENT POSTOFFICE OF MOTHER Mt. Carmel, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Mt. Carmel, S.C.
(19) OCCUPATION Farm hand
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4-P.M. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Emma Donelson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt. Carmel, 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 Nov 25, 1922 (28) D. J. McAllister
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.

THIS IS THE PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.