

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.

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

File No.—For State Registrar Only
22385

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 or
 Inc. Town of Woodside Hill Registration District No. 22097 Registered No. 245
 or
 City of 35 E 6 St (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

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 22</u> (Name of Month) (Day) (Year)
FATHER. 8) FULL NAME <u>Floyd Fox Duncan</u>			MOTHER. 14) NAME BEFORE MARRIAGE <u>Mary Lou Reed</u>	
9) PRESENT POSTOFFICE OF FATHER <u>35 E 6 St Woodside Hill Greenville SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Don</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	16) COLOR OR RACE <u>White</u>		17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Sealer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Chas. H. Henson
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Don

Given name added from a supplemental report

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

(27) File Aug 9 1922 (28) A. J. Mackey 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.

Registrars

Filed 5-15-41 No. 192 D. J. MCKINNEY, Registrar