

(1) PLACE OF BIRTH

County LancasterTownship of Hunteror
Inc. Town ofor
City of

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

(2) Full Name of Child Carl Ducrest(3) SEX OR
GENDER Boy(4) Twin
or Triplet? No(5) Number in
order of birth
To be answered only in case of Twins or Triplets(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Sept 2, 1922
(Name) (Month) (Day) (Year)(8) FULL
NAME Arthur Ducrest(9) PRESENT
POSTOFFICE
OF FATHER Mountville SC(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 31
(Year)(12) BIRTHPLACE Mountville SC(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth 3(14) NAME BEFORE
MARRIAGE Mutella Fuller(15) PRESENT
POSTOFFICE
OF MOTHER Mountville SC(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 20
(Year)(18) BIRTHPLACE Lancaster SC(19) OCCUPATION Iron(21) 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 alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harold Fuller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mountville SCGiven name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 10, 1922

(28)

(29) Carl Fuller
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.