

MARGIN RESERVED FOR BINDING.
 WHERE PLACED IN THE MARGIN—THIS IS A GOVERNMENT RECORD
 IN CASE OF "TWIN" OR "TRIPLETS" SEE TO SUPPLEMENT BLANK FOR EACH CHILD, and mark the
 PLAIN—BORN, No. 1, THE OTHER, No. 2, etc. in question 3
 RECORD OF GOVERNMENT, Columbia, S. C.

(1) PLACE OF BIRTH

County of **Sumter**
 Township of **Privateer**
 or
 Inc. Town of
 or
 City of

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

Registration District No. **4104**

File No.—For State Registrar Only

9297

Registered No. **30**
 (For use of Local Registrar)

(2) Full Name of Child **Vernelle Dukes**

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

(3) BOY OR GIRL **girl**

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? **yes**

(7) DATE OF BIRTH

Mar-19-22

FATHER.

(8) FULL NAME **Albert Dukes**

(9) PRESENT POSTOFFICE OF FATHER **Tindal, S.C.**

(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **57** (Year)

(12) BIRTHPLACE **Charleston, S.C.**

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth **14**

MOTHER.

(14) NAME BEFORE MARRIAGE **Josephine Singleton**

(15) PRESENT POSTOFFICE OF MOTHER **Tindal, S.C.**

(16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **42** (Year)

(18) BIRTHPLACE **Sumter Co. S.C.**

(19) OCCUPATION

Farm.

(21) Number of children of this mother now living, including present birth **14**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife (Name) Address of Physician or Midwife **Midwife Tindal, S.C.**

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed "X" mark)

3-25-1922.

(27) Filed

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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.