

Form No. 1

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Liberty  
 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. 3304

File No.—For State Registrar Only  
31322

Registered No. 138  
 (For use of Local Registrar)

(2) Full Name of Child Jarmanah N. Dutre (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John M. Dutre  
 (9) PRESENT POSTOFFICE OF FATHER Clise  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Abour  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Clise  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Labourer  
 (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 at 7:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife Rosa J. J. J. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 1, 1922 (28) W. H. Woodlin 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.