

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74850

County of Sumter
Township of Middleton
or
Inc. Town of Registration District No. 4103 Registered No. 5-1
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clara M. Duffy { 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 Aug. 1, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William M. Duffy
(9) PRESENT POSTOFFICE OF FATHER Wadysfull
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE A. C.
(13) OCCUPATION Driver
(20) Number of children born to mother, including present birth { 10

MOTHER.
(14) NAME BEFORE MARRIAGE Millie M. Duffy
(15) PRESENT POSTOFFICE OF MOTHER Wadysfull
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE D. C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was chr at 9 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Clara G. Gadsden
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Wadysfull

Given name added from a supplemental report
....., 191.....
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Registrar

(26) Witness M. C. Paul (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 6 191..... (28) M. C. Paul 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.