

Form No. 10.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

County of Columbia

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Union & Spring
 Inc. Town of
 City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
44658

Registration District No. W.D.S. Registered No. 98
 (For use of Local Registrar)

2) Full Name of Child Bill Duckert } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5 1915</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John Duckert</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Roberson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pauline R. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pauline R. S.C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg C.D.</u>	(18) BIRTHPLACE <u>Spartanburg C.D.</u>			
(13) OCCUPATION <u>Harmon</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</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 Billborn (Hour A. M. or P. M.) 2:30 on the date above stated.

(23) (Signature) William J. Boyd
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness Wm. J. C. White
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 22 1915 (28) J. C. White 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.