

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg  
Township of .....  
or  
Inc. Town of Bamberg  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**58625**

Registration District No. 4A

Registered No. 21  
(For use of Local Registrar)

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

(2) Full Name of Child Verna Lanell Ducker

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 24 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo A Ducker

(9) PRESENT POSTOFFICE OF FATHER Bamberg

(10) COLOR OF RACE Green (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Fassus Greese

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE M L Minns

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House Wife

(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 Alive, at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Stokes

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife midway

Given name added from a supplemental report

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

(27) Filed 6/10 1916 (28) John Coover 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.

VERNA LANELL, WITH ATTENDING PHYSICIAN OR MIDWIFE, USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.