

Form No. 6  
MAINTAIN PRESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, AND MARK THE  
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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>Dorchester</u>		STATE OF SOUTH CAROLINA		32376	
TOWNSHIP OF <u>Converse</u>		Bureau of Vital Statistics		284	
INC. TOWN OF <u>Converse</u>		State Board of Health		Registered No. ....	
CITY OF <u>Converse</u>		Registration District No. <u>4008</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <u>Duncan</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>		(4) Twin or Triplet? <u>1</u>		(5) Number in order of birth <u>1</u>	
		To be answered only in case of Twins or Triplets		(6) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>Sept 6 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Roy Duncan</u>			(14) NAME BEFORE MARRIAGE <u>Erin Bishop</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Converse SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Converse SC</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u>			(17) AGE AT LAST BIRTHDAY <u>27</u>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Barber</u>			(19) OCCUPATION <u>H.W.</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Arthur Calmon</u>			(24) Address of Physician or Midwife <u>Converse SC</u>		
(24) State whether Physician or Midwife <u>1</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>Sept. 11, 1922</u> (28) <u>Mrs. G. F. Parker</u> 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.					