

Form No. 1

## (1) PLACE OF BIRTH

County of Saluda

Township of .....

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

Dewey Webster DuffieFile No. - For State Registrar Only  
**30037**Registration District No. 2203Registered No. 43  
(For use of Local Registrar)

(No. .... St. .... Ward)

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth 2(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Sept 26, 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMED Webster Duffie(9) PRESENT  
POSTOFFICE  
OF FATHERSaluda R F D # 5(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY30

(12) BIRTHPLACE

Edgefield County

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth2

## MOTHER.

(14) NAME BEFORE  
MARRIAGELertinda Gibson(15) PRESENT  
POSTOFFICE  
OF MOTHERSaluda R F D # 5(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY28

(18) BIRTHPLACE

Saluda County

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 12:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour and Minute P. M.)

(23) (Signature)

J. N. Watson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda S.C.(Given name added from a supplement-  
tal report)Sig. Affidavit  
4/26/45 R. G. R.  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 1, 1923(28) 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.