

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

30130

Registration District No. 406

Registered No. 150
(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL

Girl

(4) Twin or Triple

To be answered only in case of Twin or Triple

(3) Number in order of birth

(5) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 11, 1930
(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME

Hollis Duddy

(8) PRESENT POSTOFFICE OF FATHER

Munroe St.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

St.

(13) OCCUPATION

Farmer

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

1 21

MOTHER

(14) NAME BEFORE MARRIAGE

Lottie Bobb

(16) PRESENT POSTOFFICE OF MOTHER

Munroe St.

(18) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

23
(Years)

(19) BIRTHPLACE

St.

(15) OCCUPATION

Housewife

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 9 A.M., on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Munroe St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "Mark")

(27) File

C.S.D. 1 23 28
Local Registrar

19 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.

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