

(1) PLACE OF BIRTH

County of VolusiaTownship of A. J.or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2415

Registration District No. 390.1 Registered No. 4
(For use of Local Registrar)(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Not named If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 4 1922
(Signed Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Boyd Tharwick Duffie</u>	(14) NAME BEFORE MARRIAGE	<u>Bessie Asbil</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Saluda S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Saluda S.C.</u>
(10) COLOR OR RACE	<u>white</u>	(16) COLOR OR RACE	<u>white</u>
(11) AGE AT LAST BIRTHDAY	<u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>35</u> (Years)
(12) BIRTHPLACE	<u>Saluda S.C.</u>	(18) BIRTHPLACE	<u>Lexington S.C.</u>
(13) OCCUPATION	<u>Farming</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 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary Moore
(24) State whether Physician or Midwife: mid wife (25) Address of Physician or Midwife: Saluda S.C. R. 5

Given name added from a supplemental report:

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Local Registrar: John M. Johnson

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.

MAKING UNRECORDED FOR BINDING. WHEN PLACED IN THE BUREAU OF VITAL STATISTICS, THE REGISTRAR SHALL BE REQUIRED TO SIGN THE CERTIFICATE OF BIRTH, AND MARK THE DATE OF BIRTH ON THE CERTIFICATE OF BIRTH, AND MARK THE DATE OF BIRTH ON THE CERTIFICATE OF BIRTH, AND MARK THE DATE OF BIRTH ON THE CERTIFICATE OF BIRTH.