

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

1945

Registration District No. Registered No.
(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 Sesley Inez Duggers If child is not yet named, make supplemental report as directed

3. SEX GIRL?	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Apr 20, 1945</u> (Month) (Day) (Year)
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FATHER.

8. FULL NAME Sesley Duggers9. PRESENT POSTOFFICE OF FATHER Cooper S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 26
(Year)12. BIRTHPLACE Winburg Co.13. OCCUPATION farmer14. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Mary Haddock15. PRESENT POSTOFFICE OF MOTHER Cooper16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 21
(Year)18. BIRTHPLACE S.C.19. OCCUPATION housewife20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) midwife Martha Doull (23) Address of Physician or Midwife Lake City

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness Mary Duggers
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 19 (27) 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.