

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
48423

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Paulor
Inc. Town of

City of

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

Registration District No. 910Registered No. 5
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Harrison Duncan

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Duncan(9) PRESENT POSTOFFICE OF FATHER Canterbury S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Labour(14) NAME BEFORE MARRIAGE Josephine Garrett(15) PRESENT POSTOFFICE OF MOTHER Canterbury S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Labour(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Matthews(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Muggitt S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 6, 1916(28) H.D. Mullard
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.

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 5.

DO NOT WRITE OR STAMP OVER THIS FORM AS IT IS A PERMANENT RECORD.