

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Morgan

Inc. Town of

City of Gaffneys S. 9

(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

Registration District No. 1004-3

File No.—For State Registrar's Use

676

Registered No. 1
(For use of Local Registrar)(2) Full Name of Child William Newton Duncan

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type of Twins <u>To be reported only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are twins monochorionic <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>P. L. Duncan</u>	(14) NAME BEFORE MARRIAGE <u>Nancy Scruggs</u>	(9) PRESENT RESIDENCE OF FATHER <u>Gaffneys S. 9</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Gaffneys S. 9</u>
(10) COLOR OR HAIR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR HAIR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Farmer</u>	(16) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Wife</u>
(19) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:40 A. M.,
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. M. Allhands, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Griffside NCGiven name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) SIGNATURE Wm 20 23(28) DATE 20 23(29) SIGNATURE P. L. Duncan(30) DATE 20 23When there was no attending physician or midwife, then the father, householder, etc., should make the return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of conceptions
before the fifth month of pregnancy.FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
Bureau of Statistics, Columbia, S. C.