

(1) PLACE OF BIRTH

County of Greenville.....

Township of Saluda.....

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.)

(2) Full Name of Child: Elgin Nathaniel Duck

File No.—For State Registrar Only

56112

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 221st Registered No. 11

(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 24 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Gower Duck(9) PRESENT POSTOFFICE OF FATHER R.F.D.#3 Travellers Rest, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Greenville Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Elvira Peters(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Greenville Co., S.C.(19) OCCUPATION At Home(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour 5 A. or P. M.)(23) (Signature) Chas. A. Benson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.

Travellers Rest, S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) 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. THIS OFFICE, No. 2, etc., in question 5.

McCaw, of Columbia.