

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Rossville  
or  
Inc. Town of Nitriton  
or  
City of \_\_\_\_\_  
(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

File No.—For State Registrar Only  
**76291**

Registration District No. 1107 Registered No. 65-  
(For use of Local Registrar)  
City of \_\_\_\_\_ (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 Thomas Jackson Duron If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James O Duron

(9) PRESENT POSTOFFICE OF FATHER Great Falls, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Lancaster, S.C.

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth { One }

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Allen Bailey

(15) PRESENT POSTOFFICE OF MOTHER Great Falls, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Lancaster

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth { One }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Harrison

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

Physician Great Falls, 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 Oct 1 191 (28) R. T. Varnados 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.