

Form No 1.

(1) PLACE OF BIRTH

County of DareTownship of ClayInc. Town of ClayCity of Clay

(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

Department of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43295

Registration District No. 2508 Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child Ruth Duncan

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 28, 1915</u>
To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Samuel Abram Duncan(9) PRESENT POSTOFFICE OF FATHER Nichols S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Columbia Co N.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Lewis(15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Wemy C. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel Duncan

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

Midwife Nichols S.C.

Given name added from a supplemental report

(26) Witness Samuel Duncan

(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed 12-29-15 (28) W. M. Chambers 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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.