

(5) PHASE ONE

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

File No. — For this Register Only

18856

Place of birth

Registration District No. 3706

Registered No. 74
(For use of Local Registrar)

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

Full Name of Child Mary Savannah Duke

(4) Type or Triplet? (5) Number in order of birth (6) Are (7) DATE BIRTH (Month of Month) (Day) (Year)

FATHER
Branch Duke

(8) PREVIOUS MARRIAGES (9) AGE AT LAST BIRTHDAY (Years)

(10) BIRTHPLACE (11) AGE AT LAST BIRTHDAY (Years)

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) NAME BEFORE (15) PREVIOUS MARRIAGES (16) AGE AT LAST BIRTHDAY (Years)

(17) BIRTHPLACE (18) AGE AT LAST BIRTHDAY (Years)

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature) (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

(25) Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed (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.