

## (1) PLACE OF BIRTH

County of SumnerTownship of Youngsor  
Inc. Town ofCity of Youngs (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

31014

Registration District No. 2988Registered No. 651

(For use of Local Registrar)

## 2) Full Name of Child

Francis Evelyn Duckworth (If child is not yet named, make provisional report as directed)(3) BOY OR GIRL Girl(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? ✓(7) DATE OF BIRTH Sept. 9, 1921

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank A. Duckworth(9) PRESENT POSTOFFICE OF FATHER Woodruff(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Sum. Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Luella Shrause(15) PRESENT POSTOFFICE OF MOTHER Woodruff(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Sum. Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Sum. Co. on the date above stated. (23) (Signature) Dr. H. P. Harris (24) State where Physician or Midwife (25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

..... 101.....

..... Registrar

(20) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/10/21 (28) R. H. Harris 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.

McCauley, of Columbia