

Form No. 3

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFAADING 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 8.

Form No. 3		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <b>66656</b>
<b>(1) PLACE OF BIRTH</b> County of <u>Williamsburg</u> Township of <u>Turkey</u> or Inc. Town of ..... or City of ..... (No. .... St. .... Ward)		Registration District No. <u>4011</u>		Registered No. <u>54</u> (For use of Local Registrar)
<b>(2) Full Name of Child</b> <u>L. J. Duke</u>				
<b>(3) BOY OR GIRL?</b> <u>Boy</u>	<b>(4) Twin or Triplet?</b>	<b>(5) Number in order of birth</b>	<b>(6) Are Parents Married?</b> <u>yes</u>	<b>(7) DATE OF BIRTH</b> <u>June 23, 1911</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> <b>(8) FULL NAME</b> <u>Thomas Duke</u> <b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Blowingrock S.C.</u> <b>(10) COLOR OR RACE</b> <u>negro</u> <b>(11) AGE AT LAST BIRTHDAY</b> <u>59</u> (Years) <b>(12) BIRTHPLACE</b> <u>Williamsburg</u> <b>(13) OCCUPATION</b> <u>Farmer</u>		<b>MOTHER.</b> <b>(14) NAME BEFORE MARRIAGE</b> <u>Ellen Scott</u> <b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Blowingrock S.C.</u> <b>(16) COLOR OR RACE</b> <u>negro</u> <b>(17) AGE AT LAST BIRTHDAY</b> <u>48</u> (Years) <b>(18) BIRTHPLACE</b> <u>Williamsburg Co.</u> <b>(19) OCCUPATION</b> <u>Housewife</u> <b>(20) Number of children born to mother, including present birth</b> <u>11</u> <b>(21) Number of children of this mother now living, including present birth</b> <u>11</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> <b>(22) I hereby certify that I attended the birth of this child, who was</b> <u>alive</u> <b>at</b> <u>7:30 P.</u> <b>M.</b> <b>on the date above stated.</b> (Born alive or stillborn) (Hour A. M. or P. M.) <b>(23) (Signature)</b> <u>Indie Scott</u> <b>(24) State whether Physician or Midwife</b> <u>Midwife</u> <b>(25) Address of Physician or Midwife</b> <u>Blowingrock</u>				
Given name added from a supplemental report ..... 191..... Registrar		<b>(26) Witness</b> <u>Thomas Duke</u> (Signature of witness necessary when question 23 is signed by father) <b>(27) Filed</b> <u>July 1, 1911</u> <b>(28)</b> <u>W. E. Snowden</u> 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.