

(1) PLACE OF BIRTH

County of 2nd Dist. B. Co.Township of 7th Dist. T.or
Inc. Town ofor
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

75078

Registration District No. 4301 Registered No. 300

(For use of Local Registrar)

(2) Full Name of Child Lucas Anne Dukes

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 7</u> 19 <u>06</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Dukes(9) PRESENT POSTOFFICE OF FATHER Greenville P.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE 2nd Dist. B. Co. P.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { Three }

MOTHER.

(14) NAME BEFORE MARRIAGE Lucas Anne Bennett(15) PRESENT POSTOFFICE OF MOTHER Greenville P.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE 2nd Dist. B. Co. P.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Black at 90 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville P.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Aug 11 1916 (28) E. P. Taylor 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 MAINLY, 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.