

(1) PLACE OF BIRTH  
 County of Charleston S.C.  
 Township of Charleston S.C.  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**45755**

Registration District No. 1102 Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Therese Stacy Duncan } If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL?</del> <u>yes</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in event of Twin or Triplet's</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July, 23<sup>rd</sup>, 191<u>6</u></u>
FATHER.		MOTHER.		
(8) FULL NAME <u>Clayton White Duncan</u>	(14) NAME BEFORE MARRIAGE <u>Marie Elizabeth Harris</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, R.F.D. #3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, R.F.D. #3</u>			
(10) COLOR <u>white</u> OR RACE <u>Irish</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR <u>white</u> OR RACE <u>Irish</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Sharon York Co - S.C.</u>	(18) BIRTHPLACE <u>Hickory Grove, York Co - S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Salvage yard</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at Charleston on the date above stated. (Hour A. M. or P. M.) 2:40 A.M.

(23) (Signature) H. C. W. Cornwall  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.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 July 31, 1916 (28) Jess Hester 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.

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McCaw, of Columbia  
 N. J. McCaw, No. 1, THE OTHER, No. 2, etc. in Question 2  
 THIS BOOK IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR  
 FROM PLACES WHO REPORT IT TO A VITAL STATISTICAL  
 BUREAU OF THE STATE OF SOUTH CAROLINA