(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19526

County of Greenville

Township of Greenville
or
Inc. Town of .....
or
City of Judson (No. 21 Otto St.; .....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 209

Registered No. .....
(For use of Local Registrar)

(2) Full Name of Child.....

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Feb	4	1916

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME: Archie M Duncan

(9) PRESENT POSTOFFICE OF FATHER: 21 Otto St Judson Greenville Co. S.C.

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 21 (Years)

(12) BIRTHPLACE: N C.

(13) OCCUPATION: Cotton Mill Work

(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Lillie Allison

(14a) PRESENT POSTOFFICE OF MOTHER: same

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: S C

(19) OCCUPATION: Weaver

(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 alive at 1159 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. Hall

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Greenville

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 Feb 12 1916 (28) A. H. Mauldin
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.

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