

1824
7-10-51

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Form No. 3

1. PLACE OF BIRTH
County of Orangeburg
Township of _____
OR
Inc. Town of _____
OR
City of Orangeburg S.C. (No. S. Boulevard East St.; _____ Ward)

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

FILE No.—For State Registrar Only
00709

Registration District No. 36-a Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Jeanette Hazelwood Fisher (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL Girl
4. Twin or Triplet? _____
5. Number in order of birth _____
6. Are Parents Married? Yes
7. DATE OF BIRTH 11-17-22
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Julien Le Roy Duke
9. ADDRESS AT CHILD'S BIRTH Orangeburg, S.C.
10. COLOR OR RACE White
11. AGE AT CHILD'S BIRTH 33 (Years)
12. BIRTHPLACE Orangeburg, S.C.
13. OCCUPATION Attorney
20. Number of children born to mother, including present birth 2

MOTHER
14. NAME BEFORE MARRIAGE Margaret Keener Sumner
15. ADDRESS AT CHILD'S BIRTH Orangeburg, S.C.
16. COLOR OR RACE White
17. AGE AT CHILD'S BIRTH 27 (Years)
18. BIRTHPLACE Cameron, S.C.
19. OCCUPATION Homemaker
21. Number of children by 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 Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Lin. G. Shesne M.D.
24. State whether Physician or Midwife _____
25. Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report
_____, 194_____

Registrar

26. Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
27. Filled 8-3, 1945 28. Thos. P. Shesne
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 PLAINLY, 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.