

#1824
7-10-45

22 049258

Form No. 3

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

00709

County of Orangeburg

Township of _____

or
Inc. Town of _____

or
City of Orangeburg S.C.

Registration District No. 36-a

Registered No. _____

(For use of Local Registrar)

Ward) _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Jeanette Hazelwood Duke

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 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

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)

14. NAME BEFORE
MARRIAGE

Margaret LeRoy Sumner

15. ADDRESS AT
CHILD'S BIRTH

Orangeburg, S.C.

16. COLOR
OR
RACE

White

17. AGE AT CHILD'S
BIRTH

27
(Years)

12. BIRTHPLACE

Orangeburg, S.C.

13. OCCUPATION

Attorney

18. BIRTHPLACE

Cameron, S.C.

19. OCCUPATION

Homemaker

20. Number of children born to
mother, including present birth

2

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

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

26. Witness

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

27. Filed 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.