

(1) PLACE OF BIRTH

County of Charleston
 Township of Lowville
 OF
 Inc. Town of Lando
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17163

Registration District No. 1106Registered No. 71
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Arthur If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Ellis Darwin

(9) PRESENT POSTOFFICE OF FATHER Lando S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE N. C.

(13) OCCUPATION mill shoveler

(20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Mat Darwin

(15) PRESENT POSTOFFICE OF MOTHER Lando S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE Charleston County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 2-30 M., on the date above stated. (Born alive or stillborn (Hour, M. or P.M.))

(23) (Signature) J. H. Gust

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgemoor S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by M.A.R.)

(27) Filed 7/6 19 23 (28) Edgemoor S. C. 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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