

## (1) PLACE OF BIRTH

County of Darlington S.C.  
 Township of Darlington S.C.  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

845

Registration District No. 1-2-3 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Aless Plummer

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1923  
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER  
 (8) FULL NAME John Plummer  
 (9) PRESENT POSTOFFICE OF FATHER Darlington S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Darlington County  
 (13) OCCUPATION Textile

MOTHER  
 (14) NAME BEFORE MARRIAGE Bernie Odum  
 (15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE Darlington County  
 (19) OCCUPATION Textile

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour) (M.) or (P. M.)

(23) (Signature) J. W. Allen  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed or marked)

(27) Filed Jan 19 1923 (28) E. J. Early 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.

REGISTRAR

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