

## (1) PLACE OF BIRTH

County of WindsorTownship of Leitch

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4308 Registered No. 27  
(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 George Darby (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 20th 1923  
(Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Darby</u>	(14) NAME BEFORE MARRIAGE <u>Mary Cooper</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Lanes S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Lanes S.C.</u>
(9) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(12) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(13) BIRTHPLACE <u>Windsor co. S.C.</u>	(15) BIRTHPLACE <u>Windsor co. S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>farm laborer</u>
(20) Number of children born to mother, including present birth <u>9/10</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 70 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Father (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Diana Gingle (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 22nd 1923 (28) AW Mosley 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.