

(1) PLACE OF BIRTH
County of Abbeville.

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

File No.—For State Registrar Only
6166

Township of

Inc. Town of Registration District No. 1a Registered No. 19
(For use of Local Registrar)
City of Abbeville. (No. 15 Nickles St. 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child James Giddren Darricott Jr. { If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|---|---|--|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u> | (5) Number in order of birth <u>22</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>July 6 1922</u> (Name of month) (Day) (Year) |
|--------------------------------|---|---|--|---|

FATHER.

(8) FULL NAME James Giddren Darricott

(9) PRESENT POSTOFFICE OF FATHER Abbeville S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE
Thomerson Ga

(13) OCCUPATION
Clerk

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Maning

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE
Abbeville S C

(19) OCCUPATION
Housewife

(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 Alive at 4:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Gambrell M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Abbeville S C

Given name added from a supplemental report

..... 191.....
.....
Registrar

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

(27) Filed July 7 1922 (28) Miss Julia McCallister Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. *
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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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.
McCart, of Columbia