

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Darlington
 Township of _____
 or
 Inc. Town of _____
 or
 City of Darlington (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 154 Registered No. 85
(For use of Local Registrar)

2. FULL NAME OF CHILD

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth March 25, 1916
 5. Number, in order of birth _____ Full term _____ Married _____ (Month, day, year)

9. Full name George Ross FATHER10. Residence (mailing address) Darlington S.C.
(If non-resident, give place and State)11. Color or race col 12. Age at last birthday 33 (years)13. Birthplace (city or place) S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year last engaged in this work) _____ 17. Total time (years) spent in this work _____

18. Name before marriage Miss Duhoe MOTHER19. Residence (mailing address) Darlington S.C.
(If non-resident, give place and State)20. Color or race col 21. Age at last birthday 25 (years)22. Birthplace (city or place) S.C.
(State or country)23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year last engaged in this work) _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:30 a.m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 5:30 a.m. on above date Silver nitrate
(Name of Prophylactic)Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____
a supplementary report _____
(Date of)(Signed) Willa D. Smith, M. D.

or _____ Midwife

Address Darlington S.C.Filed July 16, 1916 Registrar Willa D. Smith

Registrar.

Registrar.