

(1) PLACE OF BIRTH
County of Kershaw
Township of Dillards

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

File No.—For State Registrar Only
30856

Loc. Town of Registration District No. 2101 Registered No. 107
or
City of (No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Ward)

(2) Full Name of Child Darnell Leon Law If child is not yet named, make
supplemental report as directed

(3) BOY OR
GIRL Boy (4) Twin
or Triplet? Not a twin or triplet (5) Number in
order of birth
1st (6) Are
Parents
Married? Yes

(7) DATE OF
BIRTH Sept 28
(Name, Month) (Day) (Year)
MOTHER.

Star Only

06
star
Ward)

ed. make
directed

(8) FULL
NAME Amos Reddick Eliezh

(9) PRESENT
POSTOFFICE
OF FATHER Cassatt

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 50
(Years)

(12) BIRTHPLACE Kershaw Co

(13) OCCUPATION Formerly

(14) Number of children born to
mother, including present birth 7

(14) NAME BEFORE
MARRIAGE Lillian Campbell

(15) PRESENT
POSTOFFICE
OF MOTHER Cassatt

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 38
(Years)

(18) BIRTHPLACE Kershaw Co

(19) OCCUPATION Housewife

(20) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was stillborn at 12:30 P.M.
on the date above stated.
(Turn alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W.H. Chapman (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Cassatt

A.M.
or P.M.

Midwife

Given name added from a supplemen-
tal report

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

(27) Filed Oct 11 1937 (28) 119 Nelson
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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