

(1) PLACE OF BIRTH
County of Darlington
Township of

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

File No.—For State Registrar Only
18295

Inc. Town of Registration District No. 15-A Registered No. 64
City of Darlington (No. Edwards Ave 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 Christina Horneitha Samuel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Samuel

(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Tailor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Theodora Ellen W. Curry

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:05 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed July 1 1925 (28) E. A. 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.

IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.