

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17361

Registration District No. 1503 Registered No. 41
(For use of Local Registrar)2) Full Name of Child. Rena Arne } 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? NO (7) DATE OF BIRTH June 9 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Arne(9) PRESENT POSTOFFICE OF FATHER Darlington S. C.(10) COLOR OR RACE Sal. (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Darlington Co.(13) OCCUPATION Farming(14) Number of children born to father, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elba Williams(15) PRESENT POSTOFFICE OF MOTHER Darlington Co.(16) COLOR OR RACE C. B. (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Darlington Co.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Leonard Williams (23) Address of Physician or Midwife

(24) Name added from a supplemental report

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

(26) Filed July 6 1923 (27) John Williams Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.