

(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

29803

Loc. Town of Registration District No. 15A Registered No. 104
(For use of Local Registrar)
City of Darlington (No. Twitty St.; Ward)
(If birth occurs in hospital or other institution, give name of same instead of street and number.)Full Name of Child Arora Howard Small If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Arora Peppard Small(9) PRESENT POSTOFFICE OF FATHER Twitty St. Darlington So.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE So. Car -(13) OCCUPATION Foreman - Textile Mfg. Co.(14) Number of children born to mother, including present birth SixMOTHER.
(14) NAME BEFORE MARRIAGE Joh Lee Taylor(15) PRESENT POSTOFFICE OF MOTHER Darlington So.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE So. Car -(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child who was born alive at (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Chas. E. Early
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Darlington So.

Name added from a supplemental report

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

(26) Filed Feb. 1, 1923 (27) Local Registrar Chas. E. Early

Registrar

If 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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