

(1) PLACE OF BIRTH

County of Darlington
 Township of N.

or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Abbie Lamma Darnold

File No. — For State Registrar Only
59550

CERTIFICATE OF BIRTH

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

Registration District No. 1-5-01 Registered No.
 (For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH April 14 1906
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Brooks Darnold
 (9) PRESENT POSTOFFICE OF FATHER Darlington R.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth { 5 }

MOTHER.
 (14) NAME BEFORE MARRIAGE Abbie Darnold
 (15) PRESENT POSTOFFICE OF MOTHER Darlington R.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Darlington Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Abbie, at 3- R on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. Darnold (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

 Registrar

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

(27) Filed April 14 1906 (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.

McCaw, of Columbia.