

77483

11-3-49

BV3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registration Dist. No. 4600 **STANDARD CERTIFICATE OF LIVE BIRTH** 16 092947
Division of Vital Statistics—State Board of Health
Registrar's No. _____ State of South Carolina State File No. _____

1. PLACE OF BIRTH
(a) County Alleendale
(b) City or town ALLENDALE
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: no
521 MAIN ST. ALLENDALE, S.C.
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution 0 In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER
(a) State South Carolina
(b) County Alleendale
(c) City or town Alleendale
(If outside city or town limits, write RURAL)
(d) Street No. 521 Main Street
(If rural, give location)

3. Full name of child Eleanor Allen Darlington If child not yet named, leave blank
4. Sex: Female 5. Twin or triplet _____ If so—born 1st _____ 2d, or 3d _____
6. Number months of pregnancy 9 7. Date of birth April 17, 1946
(Month) (Day) (Year)

FATHER OF CHILD
8. Full name William Rauntree Darlington
9. Color or race White 10. Age at time of this birth 35 yrs.
11. Birthplace Alleendale South Carolina
(City, town, or County) (State or foreign country)
12. Usual occupation Traveling Salesman
13. Industry or business FARMING

MOTHER OF CHILD
14. Full maiden name MARY HANSON Johnston
15. Color or race White 16. Age at time of this birth 33 yrs.
17. Birthplace GREENSBORO ALABAMA
(City, town, or County) (State or foreign country)
18. Usual occupation Home maker
19. Industry or business None

20. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

21. Mother's mailing address for registration notice:
321 Willard Ave. Chevy Chase, Md.

22. Were drops put in baby's eyes? yes
(Yes or no)

24. Congenital deformities? no If yes, describe
(Yes or no)

Exact time Don't Know Had Tr. Nurse
(Name of prophylactic)

25. Birth injury? no If yes, describe
(Yes or no)

23. Was prenatal blood test for syphilis made? no
(Yes or no)

Date of test _____
(Name of laboratory)

26. Weight at birth 7 lbs. _____ oz.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 4:30 A.M. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }

X Give name added from
a supplementary report _____
(Date of)

(Signed) Hanson Johnston Darlington Parent
or _____ Guardian

Address 321 Willard Ave. Chevy Chase, Md.

Filed 12-16, 19 49 Jean P. Desene
Local Registrar

State Registrar