

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		2. USUAL RESIDENCE OF MOTHER	
(a) County <u>Alendale</u>	(b) City or town <u>ALLENDALE</u> (If outside city or town limits, write RURAL)	(a) State <u>South Carolina</u>	(b) County <u>Alendale</u>
(c) Name of hospital or institution: <u>no</u> <u>521 MAIN ST. ALLENDALE, S.C.</u> (If not in hospital or institution, give street number or location)	(d) Mother's stay before delivery: In hospital or institution <u>0</u> In this community _____ (Specify whether years, months, or days)	(c) City or town <u>Alendale</u> (If outside city or town limits, write RURAL)	(d) Street No. <u>521 Main Street</u> (If rural, give location)

3. Full name of child Eleanor Allen Darlington If child not yet named, leave blank

4. Sex: <u>Female</u>	5. Twin or triplet _____ If so—born 1st _____ 2d, or 3d _____	6. Number of pregnancy <u>9</u>	7. Date of birth: <u>April 17, 1916</u> (Month) (Day) (Year)
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FATHER OF CHILD		MOTHER OF CHILD	
8. Full name <u>William Rauntree Darlington</u>	9. Color or race <u>White</u>	14. Full maiden name <u>MARY HANSON Johnston</u>	15. Color or race <u>White</u>
11. Birthplace <u>Alendale</u> (City, town, or County)	10. Age at time of this birth <u>35</u> yrs. <u>South Carolina</u> (State or foreign country)	17. Birthplace <u>GREENSBORO</u> (City, town, or County)	16. Age at time of this birth <u>33</u> yrs. <u>ALABAMA</u> (State or foreign country)
12. Usual occupation <u>Traveling Salesman</u>	13. Industry or business <u>FARMING</u>	18. Usual occupation <u>Home maker</u>	19. Industry or business <u>None</u>

20. Children born to this mother:

(a) How many other children of this mother are now living? <u>1</u>	21. Mother's mailing address for registration notice: <u>321 Willard Ave, Chevy Chase, Md.</u>
(b) How many other children were born alive but are now dead? <u>none</u>	
(c) How many children were born dead? <u>none</u>	

22. Were drops put in baby's eyes? <u>yes</u> (Yes or no)	24. Congenital deformities? <u>no</u> (Yes or no) If yes, describe
Exact time <u>Do not know Had Tr. Nurse</u> (Name of prophylactic)	
23. Was prenatal blood test for syphilis made? <u>no</u> (Yes or no)	25. Birth injury? <u>no</u> (Yes or no) If yes, describe
Date of test _____ (Name of laboratory)	26. Weight at birth <u>7</u> 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)

State Registrar

(Signed) Hanson Johnston Darlington Parent  
 or \_\_\_\_\_ Guardian  
 Address 321 Willard Ave, Chevy Chase, Md.  
 Filed 12-16, 19 49 Jean P. Desene  
 Local Registrar