

MADE IN THE UNITED STATES OF AMERICA
WRITE PLAINLY WITH CAPITALS EXCEPT IN A FEW INSTANCES
N. B.—USE ONE OF THESE COUPONS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON
FURNISH-UPON, No. 1. THE OTHER, No. 2, etc., IF QUESTION 6.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|---------------------------|--------------------------------------|--|-----------------------------------|------------------------|
| County of <u>Calhoun</u> | | STATE OF SOUTH CAROLINA | | 84604 | |
| Township of <u>Pine Grove</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of <u>Lone Star SC</u> | | Registration District No. <u>803</u> | | Registered No. <u>114</u> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (No. _____ St. _____ Ward _____) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Rena Darby</u> | | | | | |
| If child is not yet named, make supplemental report as directed | | | | | |
| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH | |
| | | + | | <u>Nov 23, 16</u> | |
| (Name of Month) (Day) (Year) | | | | | |
| FATHER | | | MOTHER | | |
| (8) FULL NAME | <u>Dave Darby</u> | | (14) NAME BEFORE MARRIAGE | <u>Thim Picko</u> | |
| (9) PRESENT POSTOFFICE OF FATHER | <u>Fort Motte SC</u> | | (16) PRESENT POSTOFFICE OF MOTHER | <u>Fort Motte S.C.</u> | |
| (10) COLOR OR RACE | (11) AGE AT LAST BIRTHDAY | <u>negro</u> <u>35</u> | (16) COLOR OR RACE | (17) AGE AT LAST BIRTHDAY | <u>negro</u> <u>23</u> |
| (12) BIRTHPLACE | <u>St. Matthews</u> | | (18) BIRTHPLACE | <u>Fort Motte S.C.</u> | |
| (13) OCCUPATION | <u>Farmer</u> | | (19) OCCUPATION | <u>Wife</u> | |
| (20) Number of children born to mother, including present birth | <u>1</u> | | (21) Number of children of this mother now living, including present birth | <u>1</u> <u>2</u> | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Mary Buckner</u> | | | | | |
| (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Fort Motte S.C.</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness <u>Mrs. A. S. Fundermire</u> (Signature of Witness necessary only when question 22 is signed by mark) | | | | | |
| (27) Filed <u>Nov 30</u> 19 <u>16</u> (28) <u>J. D. Fundermire</u> 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. | | | | | |