

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Darlington
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
35988

Registration District No. 3613 ... Registered No. 134 ...
 (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 Mary Locus

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 14 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irish Locus

(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38
 (Year)

(12) BIRTHPLACE Darlington, Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leathy Cheesbrough

(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30
 (Year)

(18) BIRTHPLACE Darlington, Co.

(19) OCCUPATION Farm Help

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Allen

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Darlington, S.C.

Given name added from a supplemental report

(26) Witness John L. Jones
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20 1922 (28) A. L. Jones
 Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "1" FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Metzger of Columbia, Columbia, S. C.