

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlingtonor
Inc. Town ofor
City of Darlington

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14496

Registration District No. 150 Registered No. 27

(For use of Local Registrar)

City of Darlington (No. Orange St.; Ward)(2) Full Name of Child Deanna Mobley Welby { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 22 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Deanna Welby(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Darlington S.C.(13) OCCUPATION Cashier, National Bank(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lyle Estelle LaGrone(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Johnston Edgefield Co S.C.(19) OCCUPATION at home(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 2:15 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) G. S. Edwards(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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

(27) Filed June 1, 1922 (28) E. C. 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.

IN PLACE OF BIRTH

CERTIFICATE OF BIRTH