

(1) PLACE OF BIRTH

County of Greenville  
 Township of Cal. Farm  
 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  
**56101**

Registration District No. 2212 Registered No. 25  
 (For use of Local Registrar)

(1) Full Name of Child Emilee Darby (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 25  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Kirk Darby  
 (9) PRESENT POSTOFFICE OF FATHER P.O. B 3  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Clara Davis  
 (15) PRESENT POSTOFFICE OF MOTHER P.O. B 3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION at home

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician P.O. B 3

Given name added from a supplemental report  
 191...

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 5/1 1916 (28) W. A. Hall 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.

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McGraw-Hill Co. of Columbia, S. C. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.