

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 12731

County of Anderson

Township of

or
Inc. Town ofCity of Anderson (No. 105 ... 1st; ... Ward)

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

Registration District No. Registered No. 149
(For use of Local Registrar)(2) Full Name of Child Major Darnen

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet To be answered only in event of Triplet or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 2 1920</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Darnen(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION operator

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

MOTHER.

(14) NAME BEFORE MARRIAGE Unie B. Black(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Georgia(19) OCCUPATION housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:30 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 Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 23 is answered) ANDERSON, S. C.(27) Filed 19 (28) ANDERSON, S. C. 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.

A supplementary report

Address AndersonFiled 19

Registrar