

(1) PLACE OF BIRTH

County of Summit
 Township of Durbin
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17804

Registration District No. 2205 Registered No. 25
 (For use of Local Registrar)

(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 Dorothea Darby 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) Age of Person Married yes (7) DATE OF BIRTH June 26, 23
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Ed Darby (14) NAME BEFORE MARRIAGE Lila Collier

(9) PRESENT POSTOFFICE OF FATHER Money Creek S.C. (15) PRESENT POSTOFFICE OF MOTHER Money Creek S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1 (21) 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Stoddard (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Belgium

Given name added from a supplemental report

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

(27) Filed June 28, 23 (28) Mrs. W. A. Rye 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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