

(1) PLACE OF BIRTH

County of EdgefieldTownship of Rollins

Inc. Town of

City of

(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

No. 28154

28154

Registration District No. 402Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child

Darn

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

(3) SEX OR

CHILD

Boy

(4) Twin

or Triplet

(5) Number in

order of birth

(6) Is

Twin

(7) Date of

BIRTH

Sept 3, 1923

FATHER

(8) Full

Name

Eula Benjamin Dorn

(9) Present

Residence

Modoc, S.C. Rt 1

(10) Color

or

Race

White

(11) Age at last

birthday

40

(12) Birthplace

Edgefield, Co. S.C.

(13) Occupation

Farmer

MOTHER

(14) Full

Name

Mary Eliza Morgan

(15) Present

Residence

Modoc, S.C.

(16) Color

or

Race

White

(17) Age at last

birthday

40

(18) Birthplace

Edgefield, Co. S.C.

(19) Occupation

Housewife

(20) Number of children born to

mother, including present birth

Eleven

(21) Number of children of this mother

now living, including present birth

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

Aliveat 2 P.M.

(23) (Signature)

M. J. Whitlock

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Wald, 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

Sept 10, 1923

(28) Registrar

M. J. Whitlock

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.