

(1) PLACE OF BIRTH

County of Darlington

Township of

Inc. Town of

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

Registration District No. 4 Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Caroline Self If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Type of Birth To be answered only in event of Twin or Triplet (5) Age of Child ju (6) DATE OF BIRTH Feb 5 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Graham Self(9) PRESENT POSTOFFICE OF FATHER Bamberg SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Bamberg SC(13) OCCUPATION Truckee policeman(14) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Armstrong(15) PRESENT POSTOFFICE OF MOTHER Bamberg SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Sumter Ala(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Normal live or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Graham Self(24) State whether Physician or Midwife MP(25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/12 1923 (28) John Cooper

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.