

(1) PLACE OF BIRTH

County of

Township of

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

29875

Registration District No. 1.2.2.2

Registered No. 2.8.

(For use of Local Registrar)

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

(2) Full Name of Child

Livia Dargan

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

(3) BOY OR X

(4) Twin or Triplet?

no

(5) Number in order of birth

7

(6) Are Parents Married?

(7) DATE OF BIRTH

SEP 8, 1922

FATHER.

(8) FULL NAME

Brooks Dargan

(9) PRESENT POSTOFFICE OF FATHER

Darlington

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Darlington Co

(13) OCCUPATION

form hand first line

MOTHER.

(14) NAME BEFORE MARRIAGE

Lily Dargan

(15) PRESENT POSTOFFICE OF MOTHER

Darlington

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Darlington Co

(19) OCCUPATION

barman food

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

first line

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

first line

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive or stillborn) (Sex M. F. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) (Signature of Physician or Midwife)

Given name added from a supplemental report

(26) Witness

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

(27) Filed Clerk

(28) 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 stillborns before the fifth month of pregnancy.