

(1) PLACE OF BIRTH

(2) PLACE OF BIRTH

County of W. Larendon

Township of

Inc. Town of

City of Lardonia

(If birth occurs in a hospital or other institution)

(2) Full Name of Child Darwin

(3) SEX OR SEX

(4) Type or Form

(5) Number in

(6) DATE OF

(7) BIRTH

(8) FATHER

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) MOTHER

(16) FULL NAME

(17) PRESENT POSTOFFICE OF MOTHER

(18) COLOR OR RACE

(19) BIRTHPLACE

(20) OCCUPATION

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

(22) I hereby certify that I attended the birth of

(23) on the date above stated.

(24) (Signed)

(25) State with

(26) Address of Physician or Midwife

(27) Signature of Witness necessary only if question 23 is signed by mother

(28) Local Registrar

(29) before the fifth month of pregnancy

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF CAROLINA

Registration

Number

Registered No. 131

File No. - for State Registrar

File No. - for State Registrar

3502

Registered No. 7

(For use of Local Registrar)

St.; Ward)

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

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1930 COLUMBIA, COLUMBIA, S. C.