

(1) PLACE OF BIRTH

County of Wm. burgTownship of Reem

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4308 Registered No. 49
(For use of Local Registrar)File No.—For State Registrar Only
19480(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)
(2) Full Name of Child James Darby If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Sex of Parents Yes (6) DATE OF BIRTH June 23, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Isaac Darby
(9) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Wm. burg co. S.C.
(13) OCCUPATION farmerMOTHER.
(14) NAME BEFORE MARRIAGE Evelyn Plowden
(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Wm. burg co. S.C.
(19) OCCUPATION farm laborer
(20) Number of children of this mother now living, including present birth 3(21) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at S. A. M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Daisy Plowden(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lanes, S.C.

Given name added from a supplemental report

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

(27) Filed June 23, 1923 (28) AP Mosley 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.