

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cross Anchor
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

2513

Registration District No. 4023Registered No. 8
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lorance Lee Darg, Hoffmann (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age Parents Married? Yes (7) DATE OF BIRTH Jan 29, 1922
 (Specify of Month) (Day) (Year)

FATHER.

(1) FULL NAME Lorance Lee Darg, Hoffmann
 (2) PRESENT POSTOFFICE OF FATHER Clinton Co. N. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Clinton Co. N. C.
 (13) OCCUPATION K. R. Section Foreman
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ila Annie Costle
 (15) PRESENT POSTOFFICE OF MOTHER Clinton Co. N. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Clinton Co. N. C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at Jan. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Hanna
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Clinton Co. N. C.

Given name added from a supplemental report

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

(27) Filed Jan 29, 1922 (28) C. D. Hanna 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.

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WHICH MAY BE KEPT FOR FILING.

N. H.—In case of TWINNING, MULTIPLETS, etc., make return for each child, and mark the PRINT-BIRTH, No. 1, THIS OTHER, No. 2, etc., in question 6.

RECEIVED OF GOVERNMENT, COLUMBIA, S. C.

RECEIVED