

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Darlington STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of Simple Creek State Board of Health

File No.—For State Registrar Only  
**46020**

Inc. Town of ..... Registration District No. 15 Registered No. ....  
City of ..... (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 John Ella Term } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? yes (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 20 1906  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Wm Arthur Term

(9) PRESENT POSTOFFICE OF FATHER Hartsuville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 7

MOTHER  
(14) NAME BEFORE MARRIAGE Rebecca Janie Flowers

(15) PRESENT POSTOFFICE OF MOTHER Hartsuville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) M. O. ... (Born ... at ...) (M.D. or P.M.D.)

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hartsuville

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Jan 25 1906 (28) E. A. Carlo Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return in a child's birth record. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
NEVER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
County of Columbia.