

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

52189

(2) Full Name of Child Emmanuel List Co. Darnes } If child is not yet named, make supplemental report as directed

**FATHER.**

# MOTHER.

(14) NAME BEFORE MARRIAGE *William*

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE *Grand St.*

(19) OCCUPATION *Housewife*

(23) (Signature) Arne Max Paul  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness John R. Jones  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed 1916 (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 stillbirths before the fifth month of pregnancy.