

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Philadelphusor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3924

Registration District No. 1509 Registered No. 3  
(For use of Local Registrar)

(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 Darcelle Hunter If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Darcelle Hunter(9) PRESENT POSTOFFICE OF FATHER Simmonsville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Darcelle Wilkins(15) PRESENT POSTOFFICE OF MOTHER Simmonsville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Darcelle Hunter at 6 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Hannah Gordon(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simmonsville, 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 Jan. 20, 1922 (28) G. A. Gordon 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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