

## (1) PLACE OF BIRTH

County of *Darling Co.*Township of *Indian Branch*Inc. Town of *Schlegel Creek*

City of \_\_\_\_\_ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

42036

Registration District No. *1.5.1.1* Registered No. *11*

(For use of Local Registrar)

(2) Full Name of Child *Imini Copeland Flowers*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Apr. 13, 1922</i>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Robt. Flowers*(9) PRESENT POSTOFFICE OF FATHER *Darling Co. S.C. R7D*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *Farm S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Alma Isaman*(15) PRESENT POSTOFFICE OF MOTHER *Darling Co. S.C. R7D*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alma* at *4 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. E. Hill*

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

Given name added from a supplemental report

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

(27) Filed *Jan 1, 1922* (28) *C. E. Hill* 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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