

## (1) PLACE OF BIRTH

County of DarlingtonTownship of 11

or

Inc. Town of 12

or

City of Darlington

(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

41910

Registration District No. 12A Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Willie Ross

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Sept 21, 20</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Frankie Ross(15) PRESENT POSTOFFICE OF MOTHER Darlington Co(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY  
(Years) 16(18) BIRTHPLACE Darlington Co(19) OCCUPATION farm hand

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wella Rede(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)(27) Filed Jan 1, 1923 (28) E. O. Farley 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.