

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.  
 New, of Columbia

(1) PLACE OF BIRTH County <u>Laurens</u> Township of ..... Inc. Town of ..... City of <u>Laurens</u> (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 Registration <b>35205</b>
(2) Full Name of Child <u>Francis Irene Darnell</u> If child is not yet named, make supplemental report as directed		Registered No. <u>122</u> (For use of Local Registrar) St. .... Ward ..... (No. <u>913</u> Park)		
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are <u>Single</u> Married? <u>Single</u>	(7) DATE OF BIRTH <u>Oct 6 22</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Joe R Darnell</u> (9) PRESENT POSTOFFICE OF FATHER <u>913 Park St Laurens S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Cotton mill worker</u>		MOTHER (14) NAME BEFORE MARRIAGE <u>Bill Rumsfelt</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) (18) BIRTHPLACE <u>Mo</u> (19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11</u> A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>[Signature]</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Laurens S.C.</u>				
Given name added from a supplemental report ..... Registrar		(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>[Signature]</u> (27) Filed <u>11/18</u> 19 <u>22</u> (28) <u>[Signature]</u> 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.

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.