

## (1) PLACE OF BIRTH

County of CherokeeTownship of Laceyville

or

Inc. Town of

or

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

48528

Registration District No. 1102Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Theodore Mobley Darby

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

(3) BOY OR GIRL Yes (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 15 1904  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Theo. Mobley Darby(9) PRESENT POSTOFFICE OF FATHER Cherokee, R.F.D. 4(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 Yrs  
OR RACE Caucasian (Years)(12) BIRTHPLACE Cherokee(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Jane Hardie(15) PRESENT POSTOFFICE OF MOTHER Cherokee, R.F.D. 4(16) COLOR White (17) AGE AT LAST BIRTHDAY 27 Yrs  
OR RACE Caucasian (Years)(18) BIRTHPLACE Cherokee(19) OCCUPATION Shoemaker(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 110 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) H. C. McQuinn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.Cherokee, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 1914(28) J. H. Hume 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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