

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Providence*

Inc. Town of .....

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

Registration District No. *4.P.P.S.* Registered No. *104*

File No.—For State Registrar Only

74907

(For use of Local Registrar)

(2) Full Name of Child *Choise Dargam*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH. <i>Aug. 18, 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Willie Dargam*(9) PRESENT POSTOFFICE OF FATHER *Dargell S. C.*(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *7*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Dora Haynesworth*(15) PRESENT POSTOFFICE OF MOTHER *Dargell S. C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *33* (Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *7:00 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sarah Ann Stark Mitchell*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Dargell S. C.*

Given name added from a supplemental report

(26) Witness *Mrs. Eva Burkette*

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

(27) Filed *Aug 19, 1916* (28) *D. M. Langlin* 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.