

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10376

Registration District No. *909*Registered No. *76*

(For use of Local Registrar)

(No. *South St. Lb. Co.* St. *St.* Ward)(2) Full Name of Child *Baby Darnoff*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Isaac Harmon Darnoff*(14) NAME BEFORE MARRIAGE *Isella Woodley*(9) PRESENT POSTOFFICE OF FATHER *Charleston, S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *24* (Years)(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *N.C.*(18) BIRTHPLACE *N.C.*(13) OCCUPATION *Fire Keeper*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *One*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *St. P. St. M.* on the date above stated. (Born *St. P. St. M.* at *St. P. St. M.* (Hour A. M. or P. M.)(23) (Signature) *[Signature]*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *[Address]*

Given name added from a supplemental report

(26) Witness *[Signature]*(Signature of Witness necessary only when question 23 is signed by *706*)(27) Filed *July 24, 1913*(28) *[Signature]* 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.

Registrar

Registrar

FIRST BIRTH, No. 1. THE OTHER, No. 2, etc. is question 3.

McClaw of Columbia