

16899

Registered No. 61.....
(For use of Local Registrar)

RE:

(No. St. Ward)
(Give instead of street and number.)

institution, give name of same instead of street and number;

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Darby Jr. If child is not yet named, submit supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 8, 1923</u> (Month) (Day) (Year)
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To be answered only in event of Twins or Triplets	
FATHER.	MOTHER.

(7) FULL NAME William Earl Darby (14) NAME BEFORE MARRIAGE Mammie Cheevers

3) PRESENT POSTOFFICE *Elmer S C*

(10) COLOR White (17) AGE AT LAST BIRTHDAY 9

(10) COLOR OF HAIR Colore BIRTHDAY 01 (Year) 63 (Month) 01

12) BIRTHPLACE Ellen S. C. Orangeburg.

(1b) OCCUPATION _____

Farmer.

20. Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was . . . (Born alive or stillborn) (Hour and of P. M.)
on the date above stated.

(28) Signature James Stewart
(29) State whether Physician or Midwife Physician
(30) Address of Physician or Midwife 1000

(Given name added from a supplement-
al report)

(26) Witness M. J. Smith
(Signature of Witness necessary only
when question 23 is signed by mark)

(17) June 1923 (20) W. F. Keller 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.

of pregnancy.