

(1) PLACE OF BIRTH

County of Trainfield
Township of # 10

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. 42751 For State Registrar OnlyInc. Town of Registration District No. 1907 Registered No. 48
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Darius Hall If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 12 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Darius Hall
(9) PRESENT POSTOFFICE OF FATHER 100 S.E.
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 48
(Years)
(12) BIRTHPLACE Trainfield, S.C.
(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jackson
(15) PRESENT POSTOFFICE OF MOTHER 100 S.E.
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE Trainfield, S.C.
(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. X. Gidney(24) State whether Physician or Midwife (25) Address of Physician or Midwife 100 S.E.

Given name added from a supplemental report

191...
Registrar(26) Witness E. J. Fridy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 16, 1914 (28) E. J. Fridy
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.