

(1) PLACE OF BIRTH

County of Darlington
 Township of Society Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
41951

Registration District No. 15C Registered No. 19
 (For use of Local Registrar)

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

(2) Full Name of Child Willie Sweeney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Sweeney
 (9) PRESENT POSTOFFICE OF FATHER Society Hill
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Chauffeur
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Lucy Fannions
 (15) PRESENT POSTOFFICE OF MOTHER Society Hill
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Cook & House Work
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:00 M., on the date above stated. (Born alive or stillborn) • (Hour A. M. or P. M.)

(23) (Signature) Eliza Morrison
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Soc. Hill

Given name added from a supplemental report

(26) Witness Dec 10 1922
 (Signature of Witness necessary only when question 23 is signed by mark)
 Registrar 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 be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.