

Form No. 1

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Darmonor  
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

18341

Registration District No. 15-04. Registered No. 44.....  
(For use of Local Registrar)(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 Elisha James If child is not yet named, make supplemental report as directed3 SEX OR  
GENDER4 Twin  
or Triplet?5 Number in  
order of birth6 Are  
Parents  
Married? yes(7) DATE OF  
BIRTH June 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL  
NAME Willie James9 PRESENT  
POSTOFFICE  
OF FATHER Darmon10 COLOR  
OR  
RACE (11) AGE AT LAST  
BIRTHDAY 20  
(Years)12 BIRTHPLACE SC

13 OCCUPATION

14 Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Orlito Rogers(15) PRESENT  
POSTOFFICE  
OF MOTHER Darmon(16) COLOR  
OR  
RACE (17) AGE AT LAST  
BIRTHDAY 17  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... alive ..... at ..... 3:00 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Brack(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darmon SCGiven name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 13, 1922 (28) R. J. Chaplin  
Registrar Local RegistrarWhen 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MCCAW OF COLUMBIA, COLUMBIA, S. C.