

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushy Creek

or
 Inc. Town of

or
 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. Roger Corral Darnell 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 302 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Martin Darnell

(9) PRESENT POSTOFFICE OF FATHER Casey #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Lawrence CO S C

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Alta Malinda Smith

(15) PRESENT POSTOFFICE OF MOTHER Casey #4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 54 (Years)

(18) BIRTHPLACE Richms Co S C

(19) OCCUPATION House Wreck

(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 alive at 10 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Dr. A. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Casey #4

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 3, 1922 (28) JR Watson 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.