

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Stuffs Creek  
 or  
 Inc. Town of .....

or  
 City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29907

Registration District No. 15.11 Registered No. 23  
 (For use of Local Registrar)

## (2) Full Name of Child

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 Sep 2 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME S. O. Middleton  
 (9) PRESENT POSTOFFICE OF FATHER Darlington S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Darlington Co. S.C.  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel V. Rhodes  
 (15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31  
 (Years)  
 (18) BIRTHPLACE Darlington Co. S.C.  
 (19) OCCUPATION Household Duties

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. L. T. T. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Stausville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1 1922 (28) E. C. Early 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.

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