

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA		20072	
Township of		Bureau of Vital Statistics		Registered No. 264	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of		Registration District No. 40-a		St.; Ward)	
or		(No. ... County Hospital ... St.; Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
City of ... Spartanburg		(2) Full Name of Child Doris O'Boyle Darnell		child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? F		(4) Twin or Triplet? To be answered only in case of Twins or Triplets		(5) Are Parents Married? Yes	
(6) DATE OF BIRTH May 25 22, 19...		(7) DATE OF BIRTH May 25 22, 19...		(Name of Month) (Day) (Year)	
(8) FULL NAME Roy Hall R.H. Darnell		(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.		(10) COLOR OR RACE W	
(11) AGE AT LAST BIRTHDAY 22		(12) BIRTHPLACE S.C.		(13) OCCUPATION Market	
(14) NAME BEFORE MARRIAGE Maybelle Sawyer		(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.		(16) COLOR OR RACE W	
(17) AGE AT LAST BIRTHDAY 17		(18) BIRTHPLACE S.C.		(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 1		(21) Number of children of this mother now living, including present birth 1		(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)	
(23) (Signature) W.A. Wallace M.D.		(24) State whether Physician or Midwife		(25) Address of Physician or Midwife	
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		(27) Filed 7-1-19 22 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.		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.			