

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of Simonsville

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

45718

Registration District No. 1002 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child. Police Darnsaw { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Yes Married? (7) DATE OF BIRTH Jan 6 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lincoln Darnsaw

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Lisperd

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House ward

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 9 hrs. at 10⁰⁰ P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Bittlesworth M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

191

Registrar

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

(27) Filed Jan 10 1916 (28) H. P. Bittlesworth 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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR ENDING C. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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. McCaw, of Columbia.