

(1) PLACE OF BIRTH

County of Darby
 Township of Darby
 OR
 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 Register Only

40921

Registration District No. 400 Registered No. 173
 (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 Ruth Rebecca (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Rebecca
 (9) PRESENT POSTOFFICE OF FATHER Darby
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Darby
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anne Matney
 (15) PRESENT POSTOFFICE OF MOTHER Darby
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Darby
 (19) OCCUPATION Farm Hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marrah Brant(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Darby

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/6 1923

(28)

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.