

(1) PLACE OF BIRTH

County of Greenville

Township of Dunklin

Inc. Town of .....

City of .....

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45333

Registration District No. 2205 Registered No. 1  
(For use of Local Registrar)

(2) Full Name of Child Infant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>Infant</u> <small>To be answered only in event of Twin or Triplet's</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1st 1916</u> <small>(Name of Month) (Day) (Year)</small>
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#### FATHER.

(8) FULL NAME James Wesley Darby

(9) PRESENT POSTOFFICE OF FATHER Toney Creek, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Dunklin Township, Greenville Co.

(13) OCCUPATION Farmer

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

#### MOTHER.

(14) NAME BEFORE MARRIAGE Hortense Chastain

(15) PRESENT POSTOFFICE OF MOTHER Toney Creek, S.C. R#1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Dunklin Township Greenville Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:25 A.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) J. P. Knight, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife R#5 Jones Park, 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 4th 1916 (28) C. B. Smith 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.   
Caw. of Columbia.   
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