

(1) PLACE OF BIRTH

County of GreenvilleTownship of Dunklin

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.)

(2) Full Name of Child

InfantFile No.—For State Registrar Only
46333

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2205 Registered No. 1

(For use of Local Registrar)

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 1st 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Wesley Darby

(9) PRESENT POSTOFFICE OF FATHER

Joney 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

Joney 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)

(24) State whether Physician or Midwife

J. P. Knight, M.D.
R #5 Joney Creek, S.C.

Given name added from a supplemental report

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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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Form No. 10.
THIS FORM IS TO BE USED IN ALL CASES OF BIRTHS.
It is to be filled out by the physician or midwife attending the birth, or by the father, householder, etc., if no attending physician or midwife is present.
It is to be filed in the office of the State Registrar of Births, Deaths and Marriages, Columbia, S.C., within five days of the birth.