

## (1) PLACE OF BIRTH

County of *Darlington*  
 Township of *Society Hill*  
 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 Registrar Only

1000

Registration District No. *1510* Registered No. *3*  
 (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 *Daniel Dove* (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 *Jan 26, 22*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Daniel Dove*(9) PRESENT POSTOFFICE OF FATHER *Society Hill*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *22*  
 (Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Christina Garrison*(15) PRESENT POSTOFFICE OF MOTHER *Society Hill*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *18*  
 (Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housekeeper*

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive*, at *8 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Daniel Dove*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *S.C. Hill*

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed *Jan 28, 22* (28) *Wm. H. H. H.* 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.

1. In a case of TWINS OR TRIPLETS use a separate card for each child, as in question 5, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF CALHOUN COUNTY, S. C.