

(1) PLACE OF BIRTH

County of Darlington S.C.

Township of

Inc. Town of

City of Darlington S.C.

(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

41924

Registration District No. 15A Registered No. 137
(For use of Local Registrar)(2) Full Name of Child Lennie Herring { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Derrick Herring(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Hilard(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Blythen County N.C.(19) OCCUPATION Textile(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 11:30 P M., on the date above stated. (Born alive or stillborn) (Hour PM or P. M.)(23) (Signature) J. W. Wilkerson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington 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 23 191... (28) E. A. Early 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.