

(1) PLACE OF BIRTH

County of Darlington

Township of

or Inc. Town of Darlingtonor 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

45948

Registration District No. 156 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Alice Standley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 2d (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 27 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A M Standley(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Gray(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Darlington Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. C. Bell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 30 1916 (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.