

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45948

(1) PLACE OF BIRTH

County of Darlington

Township of

or Inc. Town of Darlington

or City of Darlington S.C.

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 15-A 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? <u>girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2d</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 27 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME A M Standley

(14) NAME BEFORE MARRIAGE Annie Gray

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Darlington Co

(18) BIRTHPLACE Darlington Co

(13) OCCUPATION Merchant

(19) OCCUPATION Home wife

(20) Number of children born to mother, including present birth 2d

(21) Number of children of this mother now living, including present birth 2d

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. 20. 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.

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. City of Columbia