

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See Instructions on Back of Certificate)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE

22 050184

Only

1. PLACE OF BIRTH

County of Calhoun

Township of Amelia

or
Inc. Town of St. Matthews, S.C.

Registration District No. 800

Registered No. 45

(For use of Local Registrar)

City of

(No. _____ St.;

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

Ward)

2. FULL NAME OF CHILD James Darby

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

3. Boy or Girl

Boy

If Plural
births {

4. Twin, triplet or other

8

6. Premature

Yes

7. Are Parents

Married? Yes

8. Date of

birth Feb. 13th, 1922

(Month, day, year)

9. Full

name Willie Kaiser Darby

FATHER

10. Residence (mailing address)

St. Matthews, S.C.

(If non-resident, give place and State)

18. Name before

marriage Fannie Murph

MOTHER

19. Residence (mailing address)

St. Matthews, S.C.

(If non-resident, give place and State)

11. Color or race

0

12. Age at child's birth

51

(years)

20. Color or race

0

21. Age at child's birth

38

(years)

13. Birthplace (city or place)

Orangeburg Co.

(State or country)

22. Birthplace (city or place)

Orangeburg Co.

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

House & Field

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child)

8

(a) Born alive and now living

7

(b) Born alive but now dead

1

(c) Stillborn

28. If stillborn, period of gestation

months
weeks

29. Cause of stillbirth

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was B-Alive at 9-A m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Darby, Parent

or _____, Guardian

Given name added from

a supplementary report

(Date of)

Address

St. Matthews, S.C.

Filed 2/27/47 19

Registrar

Registrar