

## (1) PLACE OF BIRTH

County of Darwin

Township of .....

or  
Inc. Town of .....

or

City of (No. 1431) E. North St. 1 Ward 1  
(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

21099

Registration District No. 2216 Registered No. 378

(For use of Local Registrar)

(2) Full Name of Child Virginia Loupton Jewell 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 July 20, 1913  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. C. H. Jewell(9) PRESENT POSTOFFICE OF FATHER Darwin P. O.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Alabama(13) OCCUPATION Wholesale Paper Co.(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Elaine Loupton(15) PRESENT POSTOFFICE OF MOTHER Darwin P. O.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE San. Louisiana(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darwin P. O.

even name added from a supplemental report

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

(27) Filed July 31, 1913 (28) C. E. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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