

(1) PLACE OF BIRTH

County of Darlington
 Township of "
 or
 Inc. Town of "

CERTIFICATE OF BIRTH

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

No. 1. - For State Registrar Only

41000

Registration District No. 5. ARegistered No. 42

(For use of Local Registrar)

City of Darlington (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Ross

(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 Sept 18, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sandy Ross(9) PRESENT POSTOFFICE OF FATHER Darlington Co(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 36
 (Year)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Estell(15) PRESENT POSTOFFICE OF MOTHER Darlington Co(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
 (Year)(18) BIRTHPLACE Darlington Co(19) OCCUPATION Farm hand(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 alive at 5:20 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hella Ride(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

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

(27) Filed Jan 1, 23 (28) E. E. Lane
 Registrar 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.