

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Florence Co. S.C. STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of C. 1110 State Board of Health

or  
Inc. Town of Hymman S.C.R. Registration District No. 2001 Registered No. 144  
or  
City of Hymman S.C.R. (No. SL; Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

42796

(2) Full Name of Child Daisy Blane If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec. 21</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Ben Blane</u>			(14) NAME BEFORE MARRIAGE <u>Daisy Timmons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hymman, S.C.R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hymman, S.C.R.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Florence Co. S.C.</u>			(18) BIRTHPLACE <u>Florence Co. S.C.</u>	
(13) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Ann Gandy

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

(26) Witnesses

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

(27) Filed

(28)

Given name added from a supplemental report

md noCrowles

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.

MAYOR RECEIVED 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.

McNw. of Columbia