

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
PRINT-BORN, No. 1 THE OTHER, No. 2, etc. In question 6

SEAL OF COLUMNIST, COLUMNIST, C

(1) PLACE OF BIRTH

County of Caldwell
Township of Seaboard
or
Inc. Town of
or
City of

4/7/22
CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3090

Registration District No. 311 Registered No. 98
(For use of Local Registrar)

(2) Full Name of Child Carl Daniel

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 10 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Cleveland Daniel</u>	(10) NAME BEFORE MARRIAGE <u>Mary Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Star 50</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Star 50</u>		
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>Caldwell</u>	(18) BIRTHPLACE <u>Caldwell</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. H. Hester
(24) State whether Physician or Midwife Midwife (25) Signature of Physician or Midwife Star 50

Given name added from a supplemental report

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

(27) Filed May 9 1922 (28) L. H. Hester 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.