(1) PLACE OF BIRTH

County of Aiken

Township of Windsor

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36990

Registration District No. 215 Registered No. 86
(For use of Local Registrar)

(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 Mfg Lillie McDaniel — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov 12 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will McDaniel	(14) NAME BEFORE MARRIAGE Rachel Brown
(9) PRESENT POSTOFFICE OF FATHER Montmorency	(15) PRESENT POSTOFFICE OF MOTHER Montmorency
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farmer	(19) OCCUPATION Farm work
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mandy Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Aiken R 5

Given name added from a supplemental report

19 Registrar

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

(27) Filed Nov 20 1922 (28) O L Wright 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.