

Form No. 1

## (1) PLACE OF BIRTH

County of FlamingTownship of Lakeor  
Inc. Town of .....or  
City of .....

(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

55838

Registration District No. 2009 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child. Adine McDaniel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 21, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Gara H. McDaniel(9) PRESENT POSTOFFICE OF FATHER Voy SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47  
(Years)(12) BIRTHPLACE Lee, SC.(13) OCCUPATION R.F.D. Carrier(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie C. Weaver(15) PRESENT POSTOFFICE OF MOTHER Voy SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41  
(Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Adine, at 12:30 a. M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Martha Wilson

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

Midwife Voy SC

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 4/27/16 (28) R. L. Carter  
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.

McCa. of Columbi. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 2.