

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Recd of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
OF
Inc. Town of
OR
City of Charleston S.C.
(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

29301

Registration District No. 9 A

Registered No. 1441
(For use of Local Registrar)

(2) Full Name of Child Laura Marcella Daniels

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Joseph Daniels
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Sumner Mass
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Ferdinand Adams
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Sumnerville S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. C. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

10 Registrar

(27) Filed 10/3/22 Dr. Marcella Green 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.