

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

or

Inc. Town of

or

City of Cowdery(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of the instead of street and number.)(2) Full Name of Child Guy Edward Daniel child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Edward Meek Daniel</u>	(14) NAME BEFORE MARRIAGE <u>E. Meek Daniel</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blacksburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Cherokee S.C.</u>	(18) BIRTHPLACE <u>Cherokee S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
(22) 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>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) B. H. Miller(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Heckory, Cherokee S.C.

Given name added from a supplemental report

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

(27) Filed July 19, 1922 (28) B. H. Miller 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.