

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 23555
County of <u>Pickens</u>		Registration District No. <u>3701</u>		Registered No. <u>34</u> (For use of Local Registrar)
Township of <u>Duncanville</u>		City of _____ (No. _____ St.; _____ Ward)		
or Inc. Town of _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
(2) Full Name of Child <u>Daniel Valentine</u>				
(3) SEX <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age <u>Days</u>	(7) DATE OF BIRTH <u>June 8, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Daniel Valentine</u>			(14) NAME BEFORE MARRIAGE <u>Arieta Mauer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Easley R. F. D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Easley R. F. D.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Pickens Co</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(18) BIRTHPLACE <u>Pickens Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Rebecca King</u>				
(24) State whether Physician or Midwife <u>Midwife</u>				
(25) Address of Physician or Midwife <u>Duncanville S.C.</u>				
Given name added from a supplemental report _____ _____ _____, 19 ____ Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>St. M. Jones</u> Local Registrar	
(27) Filed <u>Aug. 10, 1922</u>				
*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.				