

(1) PLACE OF BIRTH

County of

Charleston

Township of

Loc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

88652

Registration District No.

Registered No.

(For use of Local Registrar)

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

Harold J. Daffas Jr.

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married?

Yes

(7) DATE OF BIRTH

Dec. 1 6

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Harold J. Daffas

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Col.

(11) AGE AT DATE OF BIRTH

23

(Years)

(12) BIRTHPLACE

D.C.

(13) OCCUPATION

Carpenter

(14) Number of children born to mother, including present birth

1

MOTHER

(15) NAME BEFORE MARRIAGE

Louise Hamilton

(16) PRESENT POSTOFFICE OF MOTHER

Columbia

(17) COLOR OR RACE

Col.

(18) AGE AT DATE OF BIRTH

23

(Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

1201A

(22) I hereby certify that I attended the birth of this child, who was born at (City or place of birth) (Date) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

J. P. McNeill

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

30 W. 11th St.

When name omitted from a supplemental report

(26) Witness

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

(27) Filed 12/3 1906

(28)

(Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If such a return is given, it must be reported as stillbirth. No reports desired of stillbirths before the sixth month of pregnancy.