

(1) PLACE OF BIRTH

County of Chester
 Township of Haleville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

41571

Registration District No. 1104 Registered No. 58
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jodie Daniel (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 7 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Daniel

(9) PRESENT POSTOFFICE OF FATHER Leeds, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Years)

(12) BIRTHPLACE Chester, County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ella Thomas

(15) PRESENT POSTOFFICE OF MOTHER Leeds, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
 (Years)

(18) BIRTHPLACE Union, Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lillie Thomas

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leeds, S.C.

Given name added from supplemental reports

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

(27) Dec 12 22 (28) N. J. McDaniel
 Local Registrar

When there was no person present at the birth, the father, householder, etc., should make this return. If a child is born dead, it must be reported as stillborn. No report is desired of stillbirths occurring within the first month of pregnancy.