

(1) PLACE OF BIRTH

County of WachugaTownship of KingstreeInc. Town of KingstreeCity of S.C.

(If birth occurs in a hospital or other institution, give name of institution 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

5425

Registration District No. 434Registered No. 1111

(For use of Local Registrar)

(2) Full Name of Child Daniel A. Traley

If 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 Feb. 22, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Archie B. Traley(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Year)

(12) BIRTHPLACE Sumter County, S.C.(13) OCCUPATION Piano Tuner(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Barrentine(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38

(Year)

(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. Jacobs(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingstree, S.C.

Given name added from a supplemental report

W. A. JacobsFeb. 2, 1923

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 2, 1923(28) J. H. McChesney

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.

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