

## (1) PLACE OF BIRTH

County of Linton

Township of .....

or  
Inc. Town of Brooklyn

City of .....

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

69358

Registration District No. 3113Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Frankie Daniels

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 4(6) Are Parents Married? Yes(7) DATE OF BIRTH June 6  
(Month of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME John Daniels(9) NAME BEFORE MARRIAGE Annie Lee and A(10) PRESENT POSTOFFICE OF FATHER Newbrookland S.C.(11) PRESENT POSTOFFICE OF MOTHER Newbrookland S.C.(12) COLOR OR RACE Black(13) AGE AT LAST BIRTHDAY 36  
(Years)(14) COLOR OR RACE Black(15) AGE AT LAST BIRTHDAY 36  
(Years)

(16) BIRTHPLACE

(17) BIRTHPLACE

(18) OCCUPATION waggoning(19) OCCUPATION farmer(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. C. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness Annie Daniel

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

Registrar

(27) Filed July 20 1916

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.