

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richmond
Township of Waterloo
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
46727

Registration District No. 2-07 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child Robert Marion Daniel

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?
Is to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 2, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John E. McDaniel

(9) PRESENT POSTOFFICE OF FATHER Waterloo, N. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Richmond, Va.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Anderson

(15) PRESENT POSTOFFICE OF MOTHER Waterloo, N. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Richmond, Va.

(19) OCCUPATION Domestic

(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 1-2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Blum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
W. E.

Given name added from a supplemental report
....., 191.....
.....
Registrar

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

(27) FILED Jan 6, 1916 (28) J. B. Blum
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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