

NAME OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No. — For State Register —  
**43975**

City of Greenwood  
Town of Greenwood Registration District No. .... Registered No. 230  
(For use of Local Registrar)  
St. ....  
If birth occurs in a hospital or other institution, give name of same instead of street and number.  
Full Name of Child Mary W. Daniel If child is not yet named, make supplemental report as directed

NOT OR (14) Twin or Triplet? (15) Number in order of birth  
girl To be answered only in case of twins or triplets

(16) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 10  
(Name of Month) (Day) (Year)

## FATHER.

FULL NAME Nathaniel Daniel

PRESENT POSTOFFICE OF FATHER Greenwood

COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32  
(Years)

BIRTHPLACE Greenwood Co

OCCUPATION Farming

Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Victory Williams

(15) PRESENT POSTOFFICE OF MOTHER Greenwood

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE Newberry

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive at 11 a.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(22) (Signature) ..... (23) Address of Physician or Midwife

Flora Land Greenwood

Some added from a supplemental report

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

(27) Filed ..... (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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