

MARGIN RESERVED FOR BINDING.
 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 OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Center
 OF Richland
 Inc. Town of Richland
 OR Richland
 City of Richland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36258

Registration District No. 3881

Registered No. 7113
 (For use of Local Registrar)

(2) Full Name of Child Minnie Dannel

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

(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH July 26 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lacenia Dannel
 (9) PRESENT POSTOFFICE OF FATHER Richland Co
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly B. Watt
 (15) PRESENT POSTOFFICE OF MOTHER Richland Co
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION house wife
 (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 Born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. M. Dannel
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Richland Co

Given name added from a supplemental report

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

(27) Filed July 26 1922 (28) R. B. [Signature] 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.