

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
Township of Center  
OF  
Inc. Town of Richland  
OR  
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 7/15/22  
(For use of Local Registrar)  
(No. .... St.; ..... Ward)

(2) Full Name of Child Minnie Dannel

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

(3) 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)  
To be answered only in event of Twins or Triplets

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 Bell Wattle  
(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 15

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. E. Manderson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Richland

Given name added from a supplemental report  
.....  
..... 19.....  
..... Registrar

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by mar)  
(27) Filed July 20 1922 (28) [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.

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.  
MCRAW OF COLUMBIA, COLUMBIA, S. C.