

Form No. 8

(1) PLACE OF BIRTH

County of Richland
 Township of Phylliswood
 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

29965

Registration District No. 3800 Registered No. 121
 (For use of Local Registrar.)

(2) Full Name of Child Ella Bell McDaniel (No. _____ Street _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Lele McDaniel
 (9) PRESENT POSTOFFICE OF FATHER Phylliswood
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE Phylliswood
 (13) OCCUPATION H. & W. work

MOTHER

(14) NAME BEFORE MARRIAGE Collette Caldwell
 (15) PRESENT POSTOFFICE OF MOTHER Phylliswood
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE Columbia
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1230 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Brewer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phylliswood SC

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed Sept 20 1923 (28) W. H. Kean 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.