

FORM NO. 7. MARGIN RESERVED FOR BINDING. WHITE 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.

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Township of Campbell Bureau of Vital Statistics
 Inc. Town of _____ Registration District No. 4001-a State Board of Health
 City of _____ Registered No. 129
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
87447

(2) Full Name of Child Dorothy Daniel } 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 Nov 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Cleve Daniel
 (9) PRESENT POSTOFFICE OF FATHER Landrum, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Landrum, S.C.
 (13) OCCUPATION R. L. C.
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Caroline Leland
 (15) PRESENT POSTOFFICE OF MOTHER Landrum, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Spartanburg, S.C.
 (19) OCCUPATION Home-keeper
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living at 7:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. G. Christy, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Landrum, S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mother)
 (27) File Nov. 6, 1916 (28) C. L. Mackey 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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