

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42105

County of WillamTownship of HillsboroOR
Inc. Town ofOR
City ofRegistration District No. 1603 Registered No. 199
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child William Bruce McDaniel If child is not yet named, make supplemental report as directed

| | | | | |
|---------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 8</u> , 19 <u>25</u> (Name of Month) (Day) (Year) |
|---------------------------------|---|------------------------------|--|--|

FATHER.

(6) FULL NAME Wm M Daniel(9) PRESENT POSTOFFICE OF FATHER 7 Loydole St(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Rogers(15) PRESENT POSTOFFICE OF MOTHER 7 Loydole St(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 Louise Rogers at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Sealsfield(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 701 St

Given name added from a supplemental report

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..... 19

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 31 1925 (28) W. H. Sealsfield
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.