

(1) PLACE OF BIRTH

County of France
 Township of Jefferson
 or
 Inc. Town of
 or
 City of Wilmington

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

File No.—For State Registrar Only
18612

Registration District No. 700.7... Registered No. 48...
 (For use of Local Registrar)

(2) Full Name of Child Thersiders (No. St.; 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. SEX OR GENDER <u>Male</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>6/30/1922</u>
FATHER.			MOTHER.	
8. FULL NAME <u>Mr. Henry Daniels</u>			14. NAME BEFORE MARRIAGE <u>Bula Mack</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Watts Bluff S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Watts Bluff S.C.</u>	
10. COLOR OR RACE <u>negro</u>	11. AGE AT LAST BIRTHDAY <u>25</u> Years	16. COLOR OR RACE <u>negro</u>	17. AGE AT LAST BIRTHDAY <u>22</u> Years	
12. BIRTHPLACE <u>Sumner S.C.</u>			18. BIRTHPLACE <u>Watts Bluff S.C.</u>	
13. OCCUPATION <u>Iron maker</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>5</u>			21. Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... Watts Bluff S.C.
 on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)

(23) (Signature) Josephine Smith
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/1/22 (28) Local Registrar

*If 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.

WHEN PLACING THIS IN A RECORDING BOOK, USE A SEPARATE PAGE FOR EACH CHILD, and mark the page in case of TWINS OR TRIPLETS use a separate page for each child. In question 3, if the child is born before the fifth month of pregnancy, mark "stillborn".