

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of

OR

Inc. Town of Minnsboro

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14

File No. — For State Registrar Only

30103Registered No. 48
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jas. B. McDaniel (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 28, 1927
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jas. B. McDaniel(9) PRESENT POSTOFFICE OF FATHER Minnsboro S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Reynolds(15) PRESENT POSTOFFICE OF MOTHER Minnsboro S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Fairfield Co.(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 born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Saul E. S. S. S.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Minnsboro, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 10, 1927 (28) T. M. H. H. H. 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.