

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23173

Registered No. 21
(For use of Local Registrar)

Registration District No. 3303

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

(To be answered only in event of Twin or Triplet)

(6) Are Parents Married?

No

(7) DATE OF BIRTH May 4 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ed Daniel

(9) PRESENT POSTOFFICE OF FATHER

Brunsville S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Marlboro Co.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER

(14) NAME BEFORE MARRIAGE

Laura Daniel

(15) PRESENT POSTOFFICE OF MOTHER

Brunsville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

14
(Years)

(18) BIRTHPLACE

Marlboro

(19) OCCUPATION

Farm Laborer

(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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Florence Coy

(24) State whether Physician or 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

May 9 1922

(28)

R.B. Rogers
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.

TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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