

1/6/43

22 049425

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH
County of RICHLAND
Township of _____
or
Inc. Town of _____
or
City of LYKESLAND
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3806

FILE No.—For State Registrar Only
01169

Registered No. _____
(For use of Local Registrar)
St.; _____ Ward

2. FULL NAME OF CHILD RALPH EMEBY DANIELS { If child is not yet named, make supplemental report as directed.

3. Boy or Girl BOY If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Are Parents Married? YES 8. Date of birth Dec. 12, 1922
(Month, day, year)

9. Full name FATHER
Edward Breuker Daniels

18. Name before marriage MOTHER
Ethel Scruggs Blackwell

10. Residence (mailing address) (If non-resident, give place and State) Lykesland, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Lykesland, S.C.

11. Color or race White 12. Age thirty-one (31) (years)

20. Color or race White 21. Age thirty-one (31) (years)

13. Birthplace (city or place) (State or country) Columbia, S.C.

22. Birthplace (city or place) (State or country) Windsor, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Section foreman

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Aug. 31, 1937

25. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 33

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn none

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ m. on above date. (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Robert Clayton, M. D.

or Royanna J. Co., Midwife

Given name added from _____
a supplementary report _____
(Date of) _____

Address _____

Filed April 19, 1943 Martin P. Woodward, M.D.
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)