

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.)

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)

Ward _____

2. FULL NAME OF CHILD

RALPH EMERY DANIELS

{ If child is not yet named, make supplemental report as directed.

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

9. Full name FATHER
Edward Brecken Daniels

18. Name before marriage MOTHER
Ethel Scruggs Blackburn

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 housekeeper, 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, 1922

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) 7 (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.

Given name added from a supplementary report _____

(Date of)

(Signed) Robert Clayton, M. D.

or Joseph J. S., Midwife

Address _____

Filed April 19, 1923 Martin P. Woodward, M.D.
Local Registrar

State Registrar