

THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lehigh</u>		STATE OF SOUTH CAROLINA		3573	
Township of <u>Summit</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>1003</u>		Registered No. <u>19</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St. .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Eda Lee M. Daniel</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>Feb. 10, 1922</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Edward M. Daniel</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Ora Harris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Gaffney Co. S.C.</u>			(18) BIRTHPLACE <u>Charleston Co. S.C.</u>		
(13) OCCUPATION <u>Textile Op.</u>			(19) OCCUPATION <u>H. Wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:45</u> M. on the date above stated.					
(23) (Signature) <u>J. W. Carr</u>					
(24) State where Physician or Midwife <u>Gaffney, S.C.</u>					
(25) Address of Physician or Midwife <u>Gaffney, S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed) <u>H. P. Rutland</u>					
(27) Filed <u>Feb. 15, 1922</u> (28) <u>H. P. Rutland</u> 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.					

RECORD OF BIRTHS—COLUMBIA, S. C.