

(1) PLACE OF BIRTH

County of Bamberg

Township of

or
Inc. Town of Denmark

or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

63094

Registration District No. H. 66 Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child Eula May Daniels } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) 1st or 2nd?	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>6 13 6</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------------	---------------------------------------	-----------------------------------	---

To be answered only in case of twins or triplets

FATHER.

(8) FULL NAME Leish Daniels

(9) PRESENT POSTOFFICE OF FATHER Denmark, S. C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Bamberg Co. (S. C.)

(13) OCCUPATION Farm hand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Evans

(15) PRESENT POSTOFFICE OF MOTHER Denmark S. C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE Bamberg Co. (S. C.)

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at P. M., on the date above stated. (Born alive or (Hour A. M. or P. M.))

(23) (Signature) J. M. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Denmark S. C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/6 1916 (28) John Cooper
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.
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.

FORM NO. 3
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THIS CHILD, NO. 2, etc., in question 5.
M. C. W. of Columbia

MCC