

(1) PLACE OF BIRTH

County of Bamberg

Township of .....

or  
Inc. Town of Dennmarkor  
City of .....

(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. 466 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) Twin  
or Triplet?(5) Number in  
order of birth 9(6) Are  
Parents  
Married? Y(7) DATE OF  
BIRTH 6 13 6

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Isiah Daniels(9) PRESENT  
POSTOFFICE  
OF FATHER Dennmark, 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 Dennmark 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 ~~dead~~ (Hour A. M. or P. M.))(23) (Signature) J. M. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Dennmark S.C.Given name added from a supplement-  
tal report

(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.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. 1  
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.

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