

## (1) PLACE OF BIRTH

County of Albion  
 Township of South  
 or  
 Inc. Town of  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only

13477

Registration District No. 4603 Registered No. 29  
 (For use of Local Registrar)

(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 Steven Nathaniel Daniels If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 19 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Marvin Daniels  
 (9) PRESENT POSTOFFICE OF FATHER Albion SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Full Road, SC  
 (13) OCCUPATION Farm

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Dixon  
 (15) PRESENT POSTOFFICE OF MOTHER Albion SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Tampa Fla.  
 (19) OCCUPATION Laborer on Farm

(20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was May 19 1922 at 11 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Harden  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Albion SC

Given name added from a supplemental report

(26) Witness Mrs. Hall  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 24 1922 (28) J. A. Rouse 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.

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