

## (1) PLACE OF BIRTH

County of WilliamsburgTownship of LivingstoneInc. Town of LivingstoneCity of S.C.

(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

30458

Registration District No. 43A Registered No. 40

(For use of Local Registrar)

(No. N. E. Main St.; Ward)(2) Full Name of Child Allice Daniels If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 22, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bailey Daniels(9) PRESENT POSTOFFICE OF FATHER Livingstone, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Lake City, S.C.(13) OCCUPATION Job Work(14) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Lou Monroe(15) PRESENT POSTOFFICE OF MOTHER Livingstone, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Livingstone, S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Allice at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature Maggie Riv (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Livingstone, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept. 2, 1923 (28) J. S. McWhorter 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.