

(1) PLACE OF BIRTH

County of CherokeeTownship of MorganInc. Town of ✓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

76223

Registration District No. 1004-3 Registered No. 126

(For use of Local Registrar)

(2) Full Name of Child

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 14, 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Birt M. Daniel(14) NAME BEFORE MARRIAGE Marge Panter(9) PRESENT POSTOFFICE OF FATHER Campers, S.C. R.H.(15) PRESENT POSTOFFICE OF MOTHER Campers - S.C. R.H.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE South Car.(18) BIRTHPLACE South Car.(13) OCCUPATION Farming & One(19) OCCUPATION House work(20) Number of children born to mother, including present birth One(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Cook

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chesnee - 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))

Oct 5 1916 (27) File (28) 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.