CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71181

(1) PLACE OF BIRTH

County of Anderson

Township of 11

or Inc. Town of 11

or City of Anderson

Registration District No. 34 Registered No. 280 (For use of Local Reistrar)

(No. Fowler 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. Margarette 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 3, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis H. Daniels

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Abbeville Co S.C.

(13) OCCUPATION Foreman

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Abbeville Co S.C.

(19) OCCUPATION Home wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1150 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) F. J. Mulhare M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson 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 .....191.... (28) F. B. Crayford
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.

Local Registrar

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