

(1) PLACE OF BIRTH

County of Anderson
Township of Swanton
or
Inc. Town of.....
City of.....

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

Registration District No. 310

No. 31044

Registered No. 119
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Hugh Dean Danyl

(a) SEX OF CHILD <u>Boy</u>	(c) TIME OF BIRTH <u>In hospital or at home</u>	(e) NUMBER OF BIRTH <u>1</u>	(g) DATE OF BIRTH <u>Nov 23</u>
(b) FATHER <u>Ethert Danyl</u>		(f) MOTHER <u>Emil Chastanis</u>	
(d) PRESENT RESIDENCE OF FATHER <u>Swanton</u>		(h) PRESENT RESIDENCE OF MOTHER <u>Swanton</u>	
(i) COLOR OF CHILD <u>White</u>		(j) GREAT-EST GRANDFATHER <u>26</u>	
(k) OCCUPATION <u>Farmer</u>		(l) OCCUPATION <u>Housewife</u>	
(m) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD <u>Three</u>		(n) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT CHILD <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

(23) (Signature) Mrs. Annie Moore
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Swanton

Given name added from a supplemental report

(26) Witness.....
(27) Date Dec 18 to 23 (28) N.W. Sawright
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

Moore (M)