

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofCity of Rock Hill

(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 Registration

50754

Registration District No. 44BRegistered No. 34

(For use of Local Registrar)

(2) Full Name of Child John... Jr. 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 Feb 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Daniels(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE York(13) OCCUPATION Cooper(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Lillie(16) PRESENT POSTOFFICE OF MOTHER Rock Hill(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21 (Years)(19) BIRTHPLACE Chesler(20) OCCUPATION Domestic(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 Alive at 5:45 PM on the date above stated.
(Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) A. E. Daniels(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) (Signature) J. Smith (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.

MARGIN REMOVED FOR BINDING. WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.