

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.

(1) PLACE OF BIRTH  
 County of C. Lester  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of C. Lester  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only  
 3593

Registration District No. 11A Registered No. 11  
 (For use of Local Registrar)  
 St. .... Ward)

(2) Full Name of Child Lasse Daniels  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 2 22</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Melvin Daniels</u>	(14) NAME BEFORE MARRIAGE <u>Eula M. Daniels</u>	(9) PRESENT POSTOFFICE OF FATHER <u>C. Lester</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>C. Lester</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Winnabow, S. C.</u>	(18) BIRTHPLACE <u>C. Lester, S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Ann Kessel  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife C. Lester S. C.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed 50 8 1922 (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.

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Bureau of Columbia, Columbia, S. C.