

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Charleston S.C. STATE OF SOUTH CAROLINA.  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston (No. 176 coming  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

45590

Registration District No. 4A Registered No. 38  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child. Belmudere Luc 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 9<sup>th</sup>  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert Luc Daniels  
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Charleston S.C.  
(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { Five .....

MOTHER.

(14) NAME BEFORE MARRIAGE Mena Kiser  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Charleston S.C.  
(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { Two .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 145 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Roche Physician

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

Physician Rogers Hospital, etc.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/12 1911 (28) J. M. Davis 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.