

Form No. 1

(1) PLACE OF BIRTH

County of Aspen
Township of Paradeeor
Inc. Town ofor
City of

(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 Registrar Only

43325

2) Full Name of Child Dan Major Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 12, 29, 1915
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Dan Major(14) NAME BEFORE MARRIAGE Melley, Vayner(9) PRESENT POSTOFFICE OF FATHER Yemassee S.C.(15) PRESENT POSTOFFICE OF MOTHER Yemassee S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Waccasville Point(18) BIRTHPLACE Hanover Co.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 5 P M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Charley J. Hysack

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

Given name added from a supplemental report

(26) Witness B. H. Roberts
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/29/15 (28) R. H. Roberts 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.