

(1) PLACE OF BIRTH

County of DillonTownship of Cammack

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42058

Registration District No. 1601 Registered No. 109

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jennie May McDaniel

{ 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 Sept 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dunk McDaniel(9) PRESENT POSTOFFICE OF FATHER Hamlet S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Polly Morris(15) PRESENT POSTOFFICE OF MOTHER Hamlet S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. M. McDaniel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Dillon S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 12 1922 (28) D. M. McDaniel

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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