

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

19657

Registration District No. 3602 Registered No. 21

(For use of Local Registrar)

St.; Ward)

2) Full Name of Child

Sunette McDaniel

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Nathan McDaniel

(9) PRESENT POSTOFFICE OF FATHER

Bowman S.P.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

39

(12) BIRTHPLACE

Orby Lee

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Bowman S.P.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

38

(18) BIRTHPLACE

Orby Lee

(19) OCCUPATION

Domestic

(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 or stillborn) at (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

J. H. Hill

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bowman S.P.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed 6/26/22

191....

(28)

J. H. Patrick

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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N. McCaw, of Columbia, FINEA-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.