(1) PLACE OF BIRTH

County of Berkeley

Township of Bethel

or

Inc. Town of "

or

City of ..... (No. ..... St.; ..... Ward)

(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**
10126

Registration District No. ..... Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child Daisy Colonel

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

| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| | | | Yes | April 8 1922 |

**FATHER**

(8) FULL NAME Hercklean Colonel

(9) PRESENT POSTOFFICE OF FATHER Macbeth S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

**MOTHER**

(14) NAME BEFORE MARRIAGE Sarah —

(15) PRESENT POSTOFFICE OF MOTHER Macbeth S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Susan M Gray

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ..... Registrar

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

(27) Filed April 10 1922 (28) R E McCaul 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.