

(1) PLACE OF BIRTH

County of *Greenville*

Township of *Hannab*

or
Inc. Town of *Hannab*

or
City of

(2) Full Name of Child *Infant Baby Daniels* } If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

49100

Registration District No. *2016* Registered No. *2*
(For use of Local Registrar)

(No. Sl.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 31 1916</i>
<small>Is to be answered only in case of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *William Anderson Daniels*

(9) PRESENT POSTOFFICE OF FATHER *Hannab*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE *Hannab*

(13) OCCUPATION *Farming*

(16) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ruby Birch*

(15) PRESENT POSTOFFICE OF MOTHER *Hannab*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *Greenville*

(19) OCCUPATION *Farming*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Midwife Amanda Stone* (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....
Registrar

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

(27) Filled 191..... (28) 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.