

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

# 1. PLACE OF BIRTH

County of Richland  
Township of .....  
or  
Inc. Town of S.C.  
or  
City of Lykesland - R4-Box E  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

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

Registration District No. 3806

22 049399

FILE No.—For State Registrar Only  
**04950**

Registered No. ....  
(For use of Local Registrar)

# 2. FULL NAME OF CHILD

Isaac Cornwell McDaniel

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

3. Boy or Girl X If Plural birth NO 4. Twin, triplet or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Are Parents Married? Yes 8. Date of birth Jan 11 1922  
(Month, day, year)

9. Full name FATHER  
Ruben McDaniel

18. Name before marriage MOTHER  
Mary Ann Neal

10. Residence (mailing address)  
(If non-resident, give place and State) Lykesland R4-Box E

19. Residence (mailing address)  
(If non-resident, give place and State) Lykesland R4-Box E

11. Color or race Col 12. Age at child's birth 28 (years)

20. Color or race Col 21. Age at child's birth 22 (years)

13. Birthplace (city or place)  
(State or country) Lykesland S.C.

22. Birthplace (city or place)  
(State or country) Lykesland S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work 10 yrs

25. Date (month and year) last engaged in this work ..... 19 ..... 26. Total time (years) spent in this work ..... 19 .....

27. Number of children of this mother  
(At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... months weeks 29. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at ..... m. on the date above stated.

(Signed) Mary Ann McDaniel, Parent

or ..... Guardian

Address 9318 Pendleton St Colde

Filed 10/20, 19 42 M.B. Woodward, M.D.

Registrar.

Registrar.