

(1) PLACE OF BIRTH

County of AllendaleTownship of Bull Head

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 10. - For State Register Only
31467Registration District No. 4603Registered No. 69
(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 Frankie Daniels

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 12 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Manit Daniels(9) PRESENT POSTOFFICE OF FATHER Allendale SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Allendale County(13) OCCUPATION farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Dixon(15) PRESENT POSTOFFICE OF MOTHER Allendale SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Allendale County SC(19) OCCUPATION farm laborer(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.) 7 P. M.
on the date above stated.(22) (Signature) Manit Daniels (23) Address of Physician or Midwife Allendale SC(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness J. H. Purley
(Signature of Witness necessary only when question 22 is signed by mark)(26) Date Nov 20 1923 (27) Local Registrar J. A. Reese

When child is born in a hospital, institution, etc., should make this return. If a child is born in a hospital, institution, etc., no report is needed of stillbirths.