(1) PLACE OF BIRTH

County of Anderson

Township of ..... 11 .....

or

Inc. Town of ..... 11 .....

or

City of ..... 11 ..... James (No. Aubrey ..... 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

Registration District No. 3

Registered No. 484
(For use of Local Registrar)

40750

(2) Full Name of Child ..... Daniels

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	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		yes	Dec 29 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Haskell C. Daniels	(14) NAME BEFORE MARRIAGE	Annie Belle King
(9) PRESENT POSTOFFICE OF FATHER	Anderson	(15) PRESENT POSTOFFICE OF MOTHER	Anderson
(10) COLOR OR RACE	White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE	White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	Ga
(13) OCCUPATION	Mill	(19) OCCUPATION	Dom
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 1:00 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 6-2-23 ..... 19 ..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1-10-1923 (28) E. CRAYTON, Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., [illegible] 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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Bureau of Columbia, Columbia, S. C.

[illegible] OTHER, No. 2, etc., in question 5.