

Form No. 1

(1) PLACE OF BIRTH

County of DallingtonTownship of Danah

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

29863

Registration District No. 15-04 Registered No. 100
(For use of Local Registrar)(2) Full Name of Child Minnie Harrell

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

(3) SON GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept 19, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ira Harrell(9) PRESENT POSTOFFICE OF FATHER Danah(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Hines(15) PRESENT POSTOFFICE OF MOTHER Danah(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 alive at 9 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Danah SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 22, 1922 (28) R. J. Chaplin
Registrar 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.