

(1) PLACE OF BIRTH  
 County of *Oconee*  
 Township of *Easley*  
 or  
 Inc. Town of *Easley*  
 or  
 City of *Easley*  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child *J. H. M. Daniel*

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplets <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 3, 1929</i> (Name of Month) <i>Sept</i> (Year) <i>1929</i>
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FATHER		MOTHER	
(8) FULL NAME <i>J. H. M. Daniel</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Easley, SC</i>	(10) NAME BEFORE MARRIAGE <i>Rosalie E. Parrott</i>	(11) PRESENT POSTOFFICE OF MOTHER <i>Easley, SC</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(12) COLOR OR RACE <i>White</i>	(13) AGE AT LAST BIRTHDAY <i>21</i> (Years)
(12) BIRTHPLACE <i>Wilmington</i>	(13) OCCUPATION <i>Merchant</i>	(14) BIRTHPLACE <i>Easley</i>	(15) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>1</i>		(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at the time of birth, on the date above stated.

(23) (Signature) *See J. W.*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Easley, S.C.*

Given name added from a supplemental report

(26) Witness *John Heath*  
(Signature of Witness necessary only when question 23 is signed by a doctor)

(27) File # *Oct. 3, 1929* (28) Local Registrar *John Heath*

\*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 now be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING.  
 \*IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FILE NUMBER, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTIONS 5.

N. B.—In case of stillborns, file under the date of delivery, COLUMBIA, S. C.

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

File No.—For State Registrar Only

31771

Registration District No. 37-A Registered No. 123  
(For use of Local Registrar)

St. ..... Ward .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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