Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
84476

(1) PLACE OF BIRTH

County of Barnwell
Township of 2 of Williams
or
Inc. Town of Lincolnville S.C. Registration District No. 701 Registered No. 64
or
City of ..... (No. ..... St. ..... Ward)
(If birth occurs in a hospital or other institution, give name instead of street and number.)

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

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

(3) SEX OR SEX: Girl (4) Twin or Triplet? (5) Number in order of birth: 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH: Nov 17 (Month) (Day) 19 (Year)

FATHER

(8) FULL NAME: Wm Daniels
(9) PRESENT RESIDENCE OF FATHER: Summerville S.C.
(10) COLOR OR RACE: Colord (11) AGE AT LAST BIRTHDAY: ..... (Years)
(12) BIRTHPLACE: Orangeburg
(13) OCCUPATION:

MOTHER

(8a) NAME BEFORE MARRIAGE: Anna Daniels
(9a) PRESENT RESIDENCE OF MOTHER: Summerville S.C.
(10a) COLOR OR RACE: Colord (11a) AGE AT LAST BIRTHDAY: 37 (Years)
(12a) BIRTHPLACE: Barnwell
(13a) OCCUPATION:

(14) Number of children born to mother, including present birth: 15
(14a) Number of children of this mother now living, including present birth: 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born on the date above stated. ..... M. (Hour A. M. or P. M.)

(16) (Signature) E. Williams
(17) State whether Physician or Midwife: Midwife
(18) Address of Physician or Midwife: Summerville S.C.

(Given name added from supplemental report)

(19) Witness .....
(Signature of witness necessary only when operation is signed by mark)

(20) Informant ..... (Address) .....

Whoever willfully refuses to furnish information required by this law, knowingly makes false statements, etc., should read carefully sections ..... of the law. No record is complete or correct until the certificate has been filed with the State Registrar.

WHITE PLAINLY WRITE IN BLACK INK—PRINT IN CAPITAL LETTERS. USE NO ABBREVIATIONS. DO NOT USE DITTO MARKS.
NAME OF CHILD: If child has been given a name after birth, write it in full. If not named at time this certificate is filed, make supplemental report as directed.
NAMES OF PARENTS: Use full names—not initials. Enter maiden name of mother.
RESIDENCE: Give present residence of parents. If not in an incorporated city or town, give township and county.
COLOR OR RACE: Write White, Negro, Indian, Chinese, Japanese, or other race.
BIRTHPLACE: Give State or foreign country in which each parent was born.
OCCUPATION: Give trade, profession, or particular kind of work done by each parent, even if not now employed.
NUMBER OF CHILDREN: Give number of children born to this mother, including present birth, and number now living.
ATTENDING PHYSICIAN OR MIDWIFE: Every birth must be attended by a physician or midwife, who should sign certificate and give address.