

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Form 5-0

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spokane

Township of .....

or

Inc. Town of .....

or

City of .....

(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. 40-0

No. 10.—For State Registrar Only

26140

Registered No. 386

(For use of Local Registrar)

(2) Full Name of Child

Jane McDaniel

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

(3) SEX OF CHILD girl (4) Time of Birth one (5) Number in order of birth one (6) Age of Mother yes (7) DATE OF BIRTH Sept 23  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Raphael Collins McDaniel

(9) PRESENT RESIDENCE OF FATHER Spokane S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22  
(Year)

(12) BIRTHPLACE Spokane S.C.

(13) OCCUPATION Salesman for Magnolia Oil Co.

(14) Number of children born to mother, including present birth one

MOTHER

(16) NAME BEFORE MARRIAGE Emmie Gladys Wilson

(17) PRESENT RESIDENCE OF MOTHER Spokane S.C.

(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 19  
(Year)

(20) BIRTHPLACE Ordville Ga.

(21) OCCUPATION Home Keeper

(22) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) J. H. E. McDaniel

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Spokane S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed 9-1 to 23 (29) Jas. Copier 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.

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