

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12112

Registration District No. 4007 Registered No. 15

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Elvie Daniel If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>6</u>	(6) Are French Marriages <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 27 20</u> (Month of Month) (Day) (Year)
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(8) FULL NAME OF FATHER <u>Will Daniel</u>	(9) NAME BEFORE MARRIAGE OF MOTHER <u>Lula Mallory</u>
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(10) PRESENT POSTOFFICE OF FATHER	(11) PRESENT POSTOFFICE OF MOTHER <u>Greer R</u>
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(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>29</u> (Year)
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(16) BIRTHPLACE <u>Ridgeway Co</u>	(17) BIRTHPLACE <u>Pickens Co</u>
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(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 4/27 at 9:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given same added from a supplemental report

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

(27) Filed 5/10 1922 (28) W. L. Miller 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.