

MAKING UNNECESSARY AND UNWARRANTED. WITH PLAIN. WITH UNFOLDING LINE—THIS IS A FURNISHMENT REQUIRED. N. H.—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 8.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Spartanburg* **STATE OF SOUTH CAROLINA.**
Township of *Woodruff* **Bureau of Vital Statistics**
State Board of Health

File No.—For State Registrar Only
20276

Inc. Town of Registration District No. *4009* Registered No. *75*
(For use of Local Registrar)
City of (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 *Jessie May Daniel* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 10, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Frank Daniel*

(9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C.*

(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *South Carolina*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Parker*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C.*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *South Carolina*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth { *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10³⁰ P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Parker*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report

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

(27) Filed *July 6, 1922* (28) *Chas. Roster* 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.

*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.