

## (1) PLACE OF BIRTH

County of Spartanburg  
 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

File No.—For State Registrar Only

16645

Registration District No. 40-A Registered No. 225  
 (For use of Local Registrar)

(No. 193 Lacy ..... St.; ..... Ward)

(2) Full Name of Child Dolphine M. 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 May 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jack Daniel  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Trainer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lisa Lummey  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18  
 (Year) (18) BIRTHPLACE Tenn.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 5 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. J. Linn, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

L. A. Pinner, M.D.  
12/3/43 19 43  
 Registrar

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

(27) Filed 6-1-22 (28) Jas. Copes 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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