

(1) PLACE OF BIRTH

County of FlowerTownship of Taus Boyor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

55884

Registration District No. 2014 Registered No. 22
(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... Otto McDaniel { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are you Parent Married?

(7) DATE April, 23, 1906
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Otto McDaniel

(9) PRESENT POSTOFFICE OF FATHER

Bonno or Burnside

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

France Cr

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Constance Swinton

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

3

(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 born at 11:30 P M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Swinton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

..... 1st

..... Registrar

(26) Witness

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

(27) Filed Apr 26 1906

(28)

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.

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 5.

McCauley, of Columbia.