

## (1) PLACE OF BIRTH

County of *Chesler*Township of *Laurinville*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1106*

File No. — For State Registrar Only

*10503*Registered No. *31*

(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 *✓*

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

(3) BOY OR GIRL *Male*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Apr 2, 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willie McDaniel*(9) PRESENT POSTOFFICE OF FATHER *Rodman St.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *28*  
(Years)(12) BIRTHPLACE *St.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Eda Tolbert*(15) PRESENT POSTOFFICE OF MOTHER *Rodman St.*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *25*  
(Years)(18) BIRTHPLACE *St.*(19) OCCUPATION *Farm Laborer*(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 *11* M.  
on the date above stated. (Born alive or stillborn) (Home or P. M.)(23) (Signature) *Walter McDaniel*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 \_\_\_\_\_  
Registrar

(27) Filed

*Apr 8, 22*

(28)

*J. H. Halls*  
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.