

Form No. 3

(1) PLACE OF BIRTH

County of AikenTownship of Shawor
Inc. Town ofor
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

6291

Registration District No. 211 Registered No.
(For use of Local Registrar)

St.; Ward;

(2) Full Name of Child Elise Daniels If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Mar. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Daniels(9) PRESENT POSTOFFICE OF FATHER Cureka S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Edgefield S.C.(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hortense Miles(15) PRESENT POSTOFFICE OF MOTHER Cureka S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Edgefield County(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive P.M.,
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Mary Miles midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cureka 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 Mar. 25, 1922 (28) M. F. Marton 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.