

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 34027

Township of

or
In Town of Honea Pathor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 307 Registering No. 149

(For use of Local Registrar)

(No.) (Sex) (Word)

2) Full Name of Child: Magdalene Daniels 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 8, 1923 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Jim Daniels (14) NAME BEFORE MARRIAGE Jakky Jenkins(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C. (15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 34 (Years) (Years)(14) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.(17) OCCUPATION Farmer (18) OCCUPATION Domestic(19) Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Month A. M. or P. M.) on the date above stated.(22) (Signature) E. R. Arnold M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

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Registrar

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Date June 30, 1923 (27) Signature J. R. Williams 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.

Before the fifth month of pregnancy