

(1) PLACE OF BIRTH

County of WilliamsonTownship of GermanIncl. Town of GermanCity of German

(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

32647

2) Full Name of Child Edward C. McDaniel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 11 1922
 (Name of Month) (Day) (Year)

(8) FULL NAME E. C. McDaniel FATHER McDaniel MOTHER May R. Rogers

(9) PRESENT POSTOFFICE OF FATHER Hamway (10) PRESENT POSTOFFICE OF MOTHER Hamway

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 27 (13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 34

(15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.

(17) OCCUPATION Farming (18) OCCUPATION Hamway

(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 at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Martha C. Alston (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness E. C. McDaniel (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 9/20/22 (27) 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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McDaniel, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.