

## (1) PLACE OF BIRTH

County of HorryTownship of MyersOR  
Inc. Town ofOR  
City of Myers Bluff, S. C. (No. .... St.; .... Ward)

(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

42380

Registration District No. 2.107 Registered No. 96  
(For use of Local Registrar)(2) Full Name of Child Sam Daniel

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Sam Daniel(9) PRESENT POSTOFFICE OF FATHER Myers Bluff, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Myers Bluff, S.C.(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie(15) PRESENT POSTOFFICE OF MOTHER Myers Bluff, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Myers Bluff, S.C.(19) OCCUPATION laborer(21) Number of children of this mother now living, including present birth 70-8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Josephine Smith(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Myers Bluff, S.C.

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed 11/6 1923. (28) John D. Davis 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.