

1. NAME OF CHILD

CERTIFICATE OF BIRTH

County of Richmond

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

THIS NO. — FOR State Registrar only

30870

r Only

Township of Yates

or

Inc. Town of Lugoff

or

City of Lugoff

Registration District No. 2704

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child. Chas. Murtan McDaniel

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 9 22
(Name of Month) (Day) (Year)

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FATHER.

(8) FULL NAME Lee Edward McDaniel

(9) PRESENT POSTOFFICE OF FATHER Lugoff, S.C.

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Virginia

(13) OCCUPATION Mechanic

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Sheels

(15) PRESENT POSTOFFICE OF MOTHER Lugoff, S.C.

(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) One a Week

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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M.

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Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 30 1922 One a Week 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.

Form 10-10-1917, No. 1, THE OFFICE, No. 2, etc. in question 1.

State of Columbia