

16 092854

1. PLACE OF BIRTH

County of AikenTownship of Schultzor
Inc. Town of North AugustaCity of North Augusta, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 213

FILE No.—For State Registrar Only

00226

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Louisa McDanielIf child is not yet named, make
supplemental report as directed.

3. Boy Girl	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature <u>No</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>February 20 1914</u> (Month, day, year)	
9. Full name FATHER <u>Olney Marvin McDaniel</u>				18. Name before marriage MOTHER <u>Gene Malley McDaniel</u>			
10. Residence (mailing address) <u>115 Jackson ave</u> (If non-resident, give place and State) <u>North Augusta, S.C.</u>				19. Residence (mailing address) <u>115 Jackson ave</u> (If non-resident, give place and State) <u>North Augusta, S.C.</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>22</u> (years)		20. Color or race <u>white</u>		21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) <u>Hancock Co Ga.</u> (State or country)				22. Birthplace (city or place) <u>Lincoln Co. Ga.</u> (State or country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book keeper</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year last) engaged in this work <u>Aug. 9 1941</u>		17. Total time (years) spent in this work <u>28</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		19		26. Total time (years) spent in this work			
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....							
28. If stillborn, period of gestation..... months weeks			29. Cause of stillbirth.....			Before labor..... During labor.....	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Born alive 8 P.m.</u> on the date above stated. (Born alive or stillborn)							
I certify that I instilled or had instilled in the eyes of this child at <u>8 P.M.</u> on above date. <u>Argenti Nit.</u> (Name of Prophylactic)							
Cleft Palate <u>NO</u> Hare Lip <u>No</u> Other Deformities <u>No</u> (Specify)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return.				(Signed) <u>a a Malley</u> , M. D.			
Given name added from a supplementary report..... (Date of)				or <u>North Augusta, S.C.</u> , Midwife			
				Address <u>87</u>			
				Filed <u>8/29/41</u> , 19 <u>M.B. Woodward, M.D.</u> Registrar.			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)