

16 092854

1. PLACE OF BIRTH

County of AikenTownship of Schultzor
Inc. Town of North Augustaor
City 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.....	6. Premature <u>No</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>February 20 1914</u> (Month, day, year)
5. Number, in order of birth.....		Full term.....			

9. Full name FATHER
Olney Marvin McDaniel18. Name before marriage MOTHER
Gene Mauley McDaniel10. Residence (mailing address) 115 Jackson Ave
(If non-resident, give place and State) N. Augusta S.C.19. Residence (mailing address) 115 Jackson Ave
(If non-resident, give place and State) N. Augusta S.C.11. Color or race White 12. Age at last birthday 22 (years)20. Color or race white 21. Age at last birthday 22 (years)13. Birthplace (city or place) Hancock Co
(State or country) Ga.22. Birthplace (city or place) Lincoln Co.
(State or country) Ga.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Book keeper23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year last)
engaged in this work25. Date (month and year) last
engaged in this workAug. 9, 191417. Total time (years)
spent in this work 2826. Total time (years)
spent in this work27. 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, - months - weeks 29. Cause of stillbirth.....
period of gestation..... Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 8 P.m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 8 P.M. on above date Argenti Nit.
(Name of Prophylactic)Cleft Palate NO Hare Lip No Other Deformities No
(Specify)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)(Signed) a a Malchen, M. D.Given name added from
a supplementary report.....
(Date of)or North Augusta, S.C., Midwife
Address 87Filed 8/29/14, 19 M.B. Woodward, M.D.
Registrar. 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)