

(1) PLACE OF BIRTH

County of GeorgetownTownship of St. Andrewsor Inc. Town of SCCity of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18682

Registration District No. 2403Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Daniel O'Neil Player If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</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>June 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Daniel Christopher Player(9) PRESENT POSTOFFICE OF FATHER Georgetown SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Georgetown Cong SC(13) OCCUPATION Labour at Blue Factory(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Altman(15) PRESENT POSTOFFICE OF MOTHER Georgetown SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Georgetown Cong SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Both alive or stillborn) (Hour, M., or P. M.)(23) (Signature) D. C. Player father(24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrew SC

Given name added from a supplemental report

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

(27) Filed June 19 1922 (28) W. B. Bailey 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.

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.