

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly HillCity of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

No. for State Register

11568

Registered No. 54

(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 Julia Daily

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

(3) SEX <u>Girl</u>	(4) Type or Figure To be entered only in case of Twin or Triplets	(5) Number in order of birth	(6) Is born living	(7) DATE OF BIRTH <u>Apr 20 1923</u> (Month of birth) (Day) (Year)
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FATHER
(8) FULL NAME G. D. Daily(9) PRESENT RESIDENCE OF FATHER Holly Hill S. C.(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 25
(12) CIVIL STATUS S. C.(13) OCCUPATION Farmer Hand(14) Number of children born to mother, including present birth 7MOTHER
(14) FULL NAME Rosalie Whack(15) PRESENT RESIDENCE OF MOTHER Holly Hill S. C.(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 23
(18) CIVIL STATUS S. C.(19) OCCUPATION Farmer Hand(20) Number of children born to father, including present birth 5

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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Thomas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S. C.

Given name added from a supplemental report

(26) Witness M. Heesemans

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

(27) Filed Apr 20 1923 (28) A. M. Heesemans

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of miscarriages before the fifth month of pregnancy.