

(1) PLACE OF BIRTH

County of DillonTownship of Carmichael

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

29927

Registration District No. 1601 Registered No. 79
(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 Nava M. Daniel (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arch M. Daniel(9) PRESENT POSTOFFICE OF FATHER Hawser S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Lula McCallum(15) PRESENT POSTOFFICE OF MOTHER Hawser S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Homework & Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:45 A.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) T. N. Carmichael(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Portland Me.

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

(28)

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.