

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Cherokee

Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64590

Registration District No. 22.12 Registered No. 3.6

(For use of Local Registrar)

(2) Full Name of Child Lumora B. McDaniel

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH June 13 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James P. McDaniel

(9) PRESENT POSTOFFICE OF FATHER Pelzer

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lefoy

(15) PRESENT POSTOFFICE OF MOTHER Pelzer

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Stoddard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pelzer S.C.

Given name added from a supplemental report McDaniel

\_\_\_\_\_ 1916

Registrar

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

(27) Filed July 1916 (28) W. H. L. S. 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.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
McCauley of Columbia