

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  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		COUNTY OF <u>Orangeburg</u>		TOWNSHIP OF <u>Branchville</u>		INC. TOWN OF .....		CITY OF .....		(No. .... St.; ..... Ward)	
(2) Full Name of Child		<u>Herietta Daniel</u>		If child is not yet named, make supplemental report as directed		Registration District No. <u>3601</u>		Registered No. <u>32</u>		(For use of Local Registrar)	
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH							
<u>girl</u>			<u>yes</u>	<u>June 26, 1922</u>							
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)							
FATHER.						MOTHER.					
(8) FULL NAME <u>Thomas Daniel</u>						(14) NAME BEFORE MARRIAGE <u>Bell Grant</u>					
(9) PRESENT POSTOFFICE OF FATHER <u>Branchville S.C.</u>						(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville S.C.</u>					
(10) COLOR OR RACE <u>Negro</u>						(17) AGE AT LAST BIRTHDAY <u>24</u>					
(12) BIRTHPLACE <u>S.C.</u>						(18) BIRTHPLACE <u>S.C.</u>					
(13) OCCUPATION <u>Saw mill hand</u>						(19) OCCUPATION <u>House work</u>					
(20) Number of children born to mother, including present birth <u>3</u>						(21) Number of children of this mother now living, including present birth <u>2</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*											
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)											
(23) (Signature) <u>Herietta Daniel</u>											
(24) State whether Physician or Midwife <u>Midwife</u>											
(25) Address of Phys. or Midwife <u>Branchville S.C.</u>											
Given name added from a supplemental report						(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
						(27) Filed <u>June 30, 1922</u> (28) <u>W. Weston</u> 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.