

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of .....

(No. .... St. .... Ward)

(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

No. for this Register

30287

Registration District No. 412

Registered No. 148

(For use of Local Registrar)

## (2) Full Name of Child

Harry Detert McDaniel

1) BOY OR GIRL

Boy

2) Type or brand

3) Number in order of birth

3

4) Sex

yes

5) DATE

18

22

(Month) (Day) (Year)

## FATHER

(6) FULL NAME

Samuel J. McDaniel

(7) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(8) COLOR OR RACE

Colored

(9) AGE AT LAST BIRTHDAY

43

(Year)

(10) BIRTHPLACE

Sumter S.C.

(11) OCCUPATION

Mail Clerk (RR)

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

3

## MOTHER

(13) NAME BEFORE MARRIAGE

Addie Palmer

(14) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(15) COLOR OR RACE

Colored

(16) AGE AT LAST BIRTHDAY

32

(Year)

(17) BIRTHPLACE

Richland Co

(18) OCCUPATION

Harry wife &amp; nurse

(19) Number of children born to father, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(21) (Signature)

H. A. Bledsoe

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed

Oct 5 1923

(27)

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.

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

Bureau of Columbia, Columbia, S. C.