

(1) PLACE OF BIRTH

County of YorkTownship of Bethesda

or

Inc. Town of

or

City of

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

(2) Full Name of Child Lella Danson

File No. For State Registrar Only

11619

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4401 Registered No. 126

(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 8, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>Starkel Danson</u>	(14) NAME BEFORE MARRIAGE <u>Born</u> <u>Wagge Danson</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>York & 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York & 3</u>
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(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>York Co</u>	(18) BIRTHPLACE <u>York Co</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House & field work</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at York Co on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Single Danson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife York & 3

Given name added from a supplemental report

(26) Witness Mo. S. H. Love

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

(27) Filed Jan. 12, 1916(28) S. H. Love Local Registrar

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.

McCaw, of Columbia

*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.