

Form No. 1

(1) PLACE OF BIRTH

County of Spartan
 Township of Providence
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

22719

Registration District No. 4195 Registered No. 55
 (For use of Local Registrar)

(2) Full Name of Child Early Magell Danson (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OR GIVE (4) Date of Birth (5) Number to order of birth (6) Are Parents Married? (7) DATE OF BIRTH
Girl July 8, 1923
 To be answered only in event of Twin or Triplet yes (Time of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Danson(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 17

MOTHER.

(15) NAME BEFORE MARRIAGE Eliza Watts(16) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. L. Danson (24) Address of Physician or Midwife Dalzell S.C.

(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(27) Witness Mrs. Eva Burkett (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed July 18, 1923 (29) J. B. Raffield 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.