

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 Aiken  
Township of McClellan  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6282

Registration District No. 288 Registered No. 7  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Daisy Lee Bouknight If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 28 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Daniel Bouknight  
(9) PRESENT POSTOFFICE OF FATHER Baterburg SC  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE Saluda WSC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Orrie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Baterburg SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE Aiken Co  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Ella Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Earle SC

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 4/8 1922 (28) J. C. Jones 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.