

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		66227	
Township of <u>Cherokee</u>		State Board of Health					
or Inc. Town of		Registration District No. <u>4002a</u>		Registered No. <u>202</u>			
or City of		(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				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24, 1916</u>			
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>William M. Daniel</u>				(14) NAME BEFORE MARRIAGE <u>Mary Johnson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Campers R.F.D. 1</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Campers R.F.D. 1</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>37</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u>	
(12) BIRTHPLACE <u>Spartanburg S.C.</u>				(18) BIRTHPLACE <u>Spartanburg S.C.</u>			
(13) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>Housekeeping</u>			
(20) Number of children born to mother, including present birth <u>7</u>				(21) Number of children of this mother now living, including present birth <u>7</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Belaue</u> at <u>6:45</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>J. E. Hattaway</u>				(25) Address of Physician or Midwife <u>Physician Cherwell S.C.</u>			
(24) State whether Physician or Midwife							
Given name added from a supplemental report				(26) Witness			
..... 19				(27) Filed <u>Jan 26, 1917</u> (28) <u>J. Blockhouse</u> Local Registrar.			
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.