

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Spartanburg
 Township of Cherokee
 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.)

Registration District No. 4002a Registered No. 207
 (For use of Local Registrar)

File No.—For State Registrar Only
66227

(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> To be answered only in event of Twins or Triplets	(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> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Willie 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> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(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 Female at 6:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Watkinson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherwell, S.C.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Jan 20, 1917 (28) J. Blockhouse 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.