

WRITE 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
N. B.—McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA.		79550	
Township of <u>Union</u>		Bureau of Vital Statistics			
or Town of <u>Union</u>		State Board of Health			
City of <u>Union</u>		Registration District No. <u>42-A</u>		Registered No. <u>148</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; <u>Union</u> Ward <u>Union</u>		(For use of Local Registrar)	
(2) Full Name of Child <u>Emma Inez Daskin</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 26</u> 191 <u>6</u>	
Is he answered only in case of twins or triplets			(Name of Month) (Day) (Year)		
FATHER			MOTHER		
(8) FULL NAME <u>Biddle J. Daskin</u>			(14) NAME BEFORE MARRIAGE <u>Inez McDow</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Carleton St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Carleton St.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Union, Ga.</u>			(18) BIRTHPLACE <u>Union, Ga.</u>		
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>Domestic</u>		
(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>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>D. H. Montgomery</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
191 <u>6</u>			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Sept 30</u> 191 <u>6</u> (28) <u>H. S. Arratt</u> 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.					
Registrar			LOCAL REGISTRAR		
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