

(1) PLACE OF BIRTH

County of Georgetown  
Township of .....  
City of #3

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

43895

Registration District No. 2102 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child Emily Rogers McDaniel  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Female (4) TIME OF BIRTH 2 (5) DAY OF BIRTH Dec 6 (6) YEAR OF BIRTH 1923  
(7) MONTH OF BIRTH Dec (8) DAY OF BIRTH 6 (9) YEAR OF BIRTH 1923

FATHER

(10) NAME OF FATHER Walter Arthur McDonald  
(11) PRESENT RESIDENCE OF FATHER Georgetown S.C.  
(12) COLOR OF FATHER White (13) AGE AT LAST BIRTHDAY 37  
(14) BIRTHPLACE OF FATHER Georgetown S.C.  
(15) OCCUPATION OF FATHER City Commissioner  
(16) Number of children born to mother, including present birth 1

MOTHER

(17) NAME OF MOTHER Mrs. Martin Bernin McDonald  
(18) PRESENT RESIDENCE OF MOTHER Georgetown S.C.  
(19) COLOR OF MOTHER White (20) AGE AT LAST BIRTHDAY 25  
(21) BIRTHPLACE OF MOTHER Georgetown Co.  
(22) OCCUPATION OF MOTHER Housework  
(23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (25) (Signature) W. Bell (26) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mother) Mrs. R. J. King  
(28) Filed Jan 24

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.