

(1) PLACE OF BIRTH

County of Anderson
 Township of
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20790

Registration District No. 3 H Registered No. 218
 (For use of Local Registrar)

(2) Full Name of Child Emory Eugene Daniels If child is not yet named, make supplemental report as directed

3 ~~BOY~~ GIRL 4 Twin or Triplet? 5 Number in order of birth 6 Are Parents Married? yes 7 DATE OF BIRTH May 29 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME S. W. Daniels
 9 PRESENT POSTOFFICE OF FATHER Anderson, S. C.
 10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 30 (Years)
 12 BIRTHPLACE Abbeville, S. C.
 13 OCCUPATION Fire agent
 20 Number of children born to mother, including present birth 7

MOTHER.

14 NAME BEFORE MARRIAGE Jennie Sue Ferguson
 15 PRESENT POSTOFFICE OF MOTHER Anderson S. C.
 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 33 (Years)
 18 BIRTHPLACE Abbeville, S. C.
 19 OCCUPATION Domestic
 21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) J. B. Crayton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed yes) J. B. CRAYTON,

(27) Filled 19 (28) ANDERSON, S. C. 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.

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RECEIVED FOR THE STATE REGISTRAR, COLUMBIA, S. C. FIRST-BORN, No. 1 THIS OTHER, No. 2, etc. In question 5

RECEIVED FOR THE STATE REGISTRAR, COLUMBIA, S. C.