

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

N. B.

(1) PLACE OF BIRTH

County of San Chester

Township of .....

OR

Inc. Town of Summerville

OR

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth McDaniel

File No.—For State Registrar Only

42138

Registered No. 76  
(For use of Local Registrar)

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

July 18 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel D. McDaniel

(9) PRESENT POSTOFFICE OF FATHER

Summerville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Summerville S.C.

(13) OCCUPATION

Mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE

Childred L. Spencer

(15) PRESENT POSTOFFICE OF MOTHER

Summerville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Summerville S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Elias D. Spencer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Summerville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 7 1922

(28)

O. K. Hartman

Registrar

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.

\*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.