

(1) PLACE OF BIRTH

County of DillonTownship of Carmichaelor
City of

(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

No. for State Registrar Only

39916

Registration District No. 1601 Registered No.
(For use of Local Registrar)(7) Full Name of Child Herman M. Daniel If child is not yet named, make supplemental report as directed(8) SEX OR GENDER Boy (9) Sex of Mother Yes (10) DATE OF BIRTH Dec 14 23
(Name of Month) (Day) (Year)FATHER. (11) NAME BEFORE MARRIAGE Betty Ann Herring(12) PRESENT RESIDENCE OF FATHER Hamer, S.C. P.O. D. (13) PRESENT RESIDENCE OF MOTHER Hamer, S.C.(14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Year) (Year)(18) BIRTHPLACE S. C. (19) BIRTHPLACE S. C.(20) OCCUPATION Farmer (21) OCCUPATION Housewife(22) Number of children born to mother, including present birth 5 (23) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) W. H. Campbell (26) Address of Physician or Midwife Dillon, S.C.(27) State whether Physician

Given name added from a supplemental report

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

(29) Filed 1-9-24 (30) Local Registrar W. H. Campbell

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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