

## (1) PLACE OF BIRTH

County of LanternTownship of Lantern

Inc. Town of .....

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

Registration District No. 7904 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Cortez M. Daniel

If child is not yet named, make supplemental report as directed

|                           |                              |                                      |                                  |  |
|---------------------------|------------------------------|--------------------------------------|----------------------------------|--|
| 3. BOY OR GIRL <u>Boy</u> | 4. Twin or Triplet <u>No</u> | 5. Number in order of birth <u>1</u> | 6. Are Parents Married <u>No</u> | 7. DATE OF BIRTH <u>July 21 23</u><br>(Name of Month) (Day) (Year) |
|---------------------------|------------------------------|--------------------------------------|----------------------------------|--|

FATHER

8. FULL NAME John M. Daniel

9. PRESENT POSTOFFICE OF FATHER Lantern, S.C.

10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)

12. BIRTHPLACE Lantern, S.C.

13. OCCUPATION Irony

20. Number of children born to mother, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Lucy

15. PRESENT POSTOFFICE OF MOTHER Lantern, S.C.

16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 11 (Year)

18. BIRTHPLACE Lantern, S.C.

19. OCCUPATION Lam Hand

21. Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Daniel

(24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Lantern, S.C.

Give name added from a supplemental report

(26) Witness F. J. Daniel (Signature of Witness necessary only when question as to signature is signed by mother)

(27) Filed July 21 23 (28) Local Registrar B. J. Daniel

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.

RECEIVED PLAINLY. WITH IMPROVED INK—THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS UTTER. NO. 2. ETC., IN QUESTION 4.