(1) PLACE OF BIRTH

County of Florence

Township of Lake

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
11081

Registration District No. 2001 Registered No. 34
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 29 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Luther Daniels	(14) NAME BEFORE MARRIAGE	Inez Robinson
(9) PRESENT POSTOFFICE OF FATHER	Hymen	(15) PRESENT POSTOFFICE OF MOTHER	Hymen
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(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 alive at 7:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ann Lane

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hymen

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed May 1 1922 (28) M. T. Patton
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.

N. B.—In case of prematurity, twins, triplets, etc., see instructions on back.
WHERE PRACTICABLE, USE INDELIBLE INK. PRINT NAMES IN FULL. DO NOT ABBREVIATE. Use capitals.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
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