

PLACE OF BIRTH
Charleston

County of _____
Township of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health 9A

FILE No. For State Registrar Only

6793 A

Registration District No. _____

Registered No. 449 A
(For use of Local Registrar)

(No. 371 Sumter St., St. _____ Ward _____)

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

FULL NAME OF CHILD

Benjamin Henry Manigault

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

Boy or Girl _____ If Plural _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are parents _____ 8. Date of birth _____
Boy _____ Full term _____ married? _____ March 22n, 1922
5. Number, in order of birth _____ (Month, day, year)

FATHER
Full name Ezekial Manigault

MOTHER
Full maiden name Julia Grant

Residence (usual place of abode) _____ City _____
(If nonresident, give place and State)

19. Residence (usual place of abode) _____ City _____
(If non-resident, give place and State)

Color or race Col. 12. Age at last birthday _____ (Years)

20. Color or race Col. 21. Age at last birthday 16 (Years)

Birthplace (city or place) _____ Sol. Car. _____
(State or country)

22. Birthplace (city or place) _____ Rantowles S.C. _____
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ Driver _____ delivery wagon

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ Laundry

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ At home.

16. Date (month and year) last engaged in this work _____ 19 _____

25. Date (month and year) last engaged in this work _____ 19 _____

Number of children of this mother (At time of this birth and including this child) 1

26. Total time (years) spent in this work _____

If stillborn, _____ (months) _____ (weeks) 29. Cause of stillbirth _____

1. (a) Born alive and now living 1. (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____ M. D.

Give name added from a supplemental report _____

or _____ Midwife

(Date of) _____

Address _____

Filed _____ 1922 _____

Registrar.

Registrar.

Registrar.

Collected NOV 20 1922