

(1) PLACE OF BIRTH

County of LaurensTownship of LaurensInc. Town of SullivanCity of Wauchoke

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21686

Registration District No. 290Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child

Boy or Girl boyTwin or Triplet NoNumber in order of birth 1Are Parents Married YesDATE OF BIRTH Aug 18 1923

FATHER.

(1) FULL NAME L. L. Manly(2) PRESENT POSTOFFICE OF FATHER Wauchoke S.C.(3) COLOR OR RACE White(4) BIRTHPLACE Anderson Co S.C.(5) OCCUPATION Bookkeeper(6) AGE AT LAST BIRTHDAY 24(7) Number of children born to mother, including present birth 1

MOTHER.

(8) NAME BEFORE MARRIAGE Mrs. Lou Martin(9) PRESENT POSTOFFICE OF MOTHER Wauchoke S.C.(10) COLOR OR RACE White(11) BIRTHPLACE Laurens Co S.C.(12) OCCUPATION Housewife(13) AGE AT LAST BIRTHDAY 20(14) 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 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. B. Sullivan(24) State Physician(25) Address of Physician or Midwife Wauchoke 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 Aug 3 1923 (28) J. B. Sullivan 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.

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