

PLACE OF BIRTH

of Murkerry  
 of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31375

Registration District No. 34-4 Registered No. 140  
 (For use of Local Registrar)

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

Full Name of Child Helen Manly If child is not yet named, make supplemental report as directed

Is child a Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22  
 (Name of Month) (Day) (Year)

FATHER  
A. Kner Manly  
Saluda 9  
wh (11) AGE AT LAST BIRTHDAY 22 (Years)  
5  
Armin

MOTHER  
 (14) NAME BEFORE MARRIAGE Rosalie Watson  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda 9  
 (16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE 5  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. K. Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Murkerry Sls

Is time added from a supplemental report  
 ..... 101.....  
 Registrar

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

(27) Filed Oct 4 1922 (28) S. S. Cunningham Legal Registrar

If 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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