

(1) PLACE OF BIRTH

County of Charleston S.C.Township ofCity of Charleston S.C.

(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

No. 453Registration District No. 9.A Registered No. 72
(For use of Local Registrar)No. 1 Beard St. Ward(2) Full Name of Child George Manigault If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Type Free (5) Number in order of birth One (6) Date of birth Jan 9 1908
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) Full name George Manigault(8) Present residence of father Charleston S.C.(9) Color or race Colored (10) Age at last birthday 24 (Years)(11) Birthplace Huger S.C.(12) Occupation Baker(13) Number of children born to mother, including present birth Three

MOTHER.

(14) Name before marriage Annabelle Smith(15) Present residence of mother Charleston S.C.(16) Color or race Colored (17) Age at last birthday 20 (Years)(18) Birthplace Charleston S.C.(19) Occupation House wife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Martha Howard(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 52 Ash St.

Give name added from a supplemental report

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

(26) Filed 1/10 1908 (27) 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.