

(1) PLACE OF BIRTH

County of *Chesterfield*Township of *Shelton*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41699

Registration District No. *1506*Registered No. *128*

(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 *John G. Henry Price*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *No* (7) DATE OF BIRTH *12-15-22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Henry Mangum*(9) PRESENT POSTOFFICE OF FATHER *Payeland*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Union Co*(13) OCCUPATION *clanning*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Edna Price*(15) PRESENT POSTOFFICE OF MOTHER *Payeland*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Union Co*(19) OCCUPATION *farming*(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 *mid. wife* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Alma Price* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Payeland SE*

Given name added from a supplemental report.

(26) (Signature of Witness necessary only when question 22 is signed for mark)

(27) (Signature of Registrar)

Local Registrar

When there was no attending physician or midwife, the mother, householder, etc., should make this report. If a child breathes even once, it is born alive. If it does not breathe, a stillbirth report is desired of stillbirth.