

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 88853
County of <u>Charleston</u>					
Township of <u>St. James</u>					
or Inc. Town of <u>St. Callanville</u>			Registration District No. <u>906</u>		
City of _____ (No. _____ St.; _____ Ward)			Registered No. <u>77</u>		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			(For use of Local Registrar)		
(2) Full Name of Child <u>Mary Magline Manning</u>					If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Manning</u>	(14) NAME BEFORE MARRIAGE <u>Julian Hugel</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>W. S. Callanville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>W. S. Callanville</u>				
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>		
(12) BIRTHPLACE <u>W. S. Callanville</u>	(18) BIRTHPLACE <u>W. S. Callanville</u>				
(13) OCCUPATION <u>Day Laborer</u>	(19) OCCUPATION <u>Field Hand</u>				
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>William Maxwell</u>		(25) Address of Physician or Midwife <u>W. S. Callanville</u>			
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report _____		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)			
_____ 19 _____ Registrar		(27) Filed <u>Dec. 28, 1916</u> (28) <u>Geo. E. Bickman</u> 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.					