

(1) PLACE OF BIRTH

County of LowndesTownship of BridgmanInc. Town of BridgmanCity of Bridgman

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

21709

Registration District No. 30 ARegistered No. 15

(For use of Local Registrar)

(No. 15 St. 15 Ward)(2) Full Name of Child Henry P. Mann If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH July 23, 1923

FATHER.

(8) FULL NAME Henry P. Mann(9) PRESENT POSTOFFICE OF FATHER Bridgman, O.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE Lake City, O.C.(13) OCCUPATION Lumber Dealer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Amanda Mann(15) PRESENT POSTOFFICE OF MOTHER Bridgman, O.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34(18) BIRTHPLACE Lake City, O.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 P.M. on the date above stated. (If stillborn, Hour M. or P. M.)(23) (Signature) Dr. J. L. Mann

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10, 1923 (28) J. L. Mann 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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