

## (1) PLACE OF BIRTH

County of Oconee  
 Township of Stone  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 304

No. for State Registrar Only

4753Registered No. 72  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Earle Manly

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? Yes (7) DATE OF BIRTH Feb 1 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Manly(9) PRESENT POSTOFFICE OF FATHER Sumner R.F.D.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annies Hopkins(15) PRESENT POSTOFFICE OF MOTHER Sumner R.F.D.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Oconee(19) OCCUPATION wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Hour "A. M. or P. M.")

(22) (Signature) J. D. Shilling

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sumner S.C.

(25) Given name added from a supplemental report

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

(27) Filed 3/1/23 (28) 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.