

Form No. 1.

(1) PLACE OF BIRTH

County of EdgefieldTownship of Windsor

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

52027

Registration District No. 4 Registered No. 1806

(For use of Local Registrar)

St. Ward(2) Full Name of Child Little Mance

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 13 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charles Mance

(9) PRESENT POSTOFFICE OF FATHER Edgefield

(10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Edgefield

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Roberson

(15) PRESENT POSTOFFICE OF MOTHER Edgefield

(16) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Edgefield

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12.00 clock P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles F. Abrahamson (M.D.)

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Mar. 21 1916 (28) Mrs. J. A. Tinsley 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.

McClaw, of Columbia.

FILED—BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.