

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Edgefield

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52027

Township of Wadesboro

Inc. Town of .....

Registration District No. 4

Registered No. 1806

(For use of Local Registrar)

City of ..... (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 Lettie Mance

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 13 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Mance</u>			(14) NAME BEFORE MARRIAGE <u>Rose Roberson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Edgefield</u>			(18) BIRTHPLACE <u>Edgefield</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Homemaker</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 o'clock M., 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 (25) Address of Physician or Midwife

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. V. A. Trimmer 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.

McCaw, of Columbia. FILED—FORM No. 1. THIS OTHER, No. 2, etc., in question 5.