

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of #1

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30087

Registration District No. 1909Registered No. 24

(For use of Local Registrar)

or

(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 Ellen Bell Managoe

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept. 24, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Andrew Managoe

(9) PRESENT POSTOFFICE OF FATHER

Winnabow S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Fairfield Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lilly Meldon

(15) PRESENT POSTOFFICE OF MOTHER

Winnabow S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Fairfield Co. S.C.

(19) OCCUPATION

Farm hand

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born alive at 5:00 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Caroline Sander

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeWinnabow S.C.

Given name added from a supplemental report

(26) Witness

Mrs. E. S. Hardy

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

(27) Filed

Sept. 28, 1922

(28)

E. S. Hardy

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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.