

(1) PLACE OF BIRTH

County of Clarendon
 or
 Township of Manning
 or
 Inc. Town of Manning
 or
 City of _____

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

File No.—For State Registrar Only
3727

Registration District No. 130

Registered No. 6
 (For use of Local Registrar)

(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 Coria Mack

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 16 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rebecca Mack

(9) PRESENT POSTOFFICE OF FATHER

Manning SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE

Clarendon

(13) OCCUPATION

Farmer

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Manning SC

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 32
 (Years)

(18) BIRTHPLACE

Clarendon

(19) OCCUPATION

Housewife

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Janet Hatfield

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Manning

Manning SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 16 1932

(28)

2 white
 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.

FIRST-BOOK, NO. 1. THE OTHER, NO. 2, etc., in question 8.
 RECORD BY COLUMBIA, COLUMBIA, S. C.