

PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of Manning S.C.

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18215

Registration District No. 130Registered No. 72
(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 Margaret L. Trison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 18, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Trison(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Labour(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Wilson(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Manning S.C.(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ella Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1st 1912 (28) J. White Local RegistrarWhen 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.