

(1) PLACE OF BIRTH

County of Clarendon
 or
 Township of N.W. 1st
 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

14430

Registration District No. 1317 Registered No. 19
 (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 Willie Filder { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Flander Filder (14) NAME BEFORE MARRIAGE Julia Samuel
 (9) PRESENT POSTOFFICE OF FATHER Wilson S.C. (15) PRESENT POSTOFFICE OF MOTHER Wilson S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. W. Manning (24) State whether Physician or Midwife Physician (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) M. W. Manning
 (27) Filed May 20 22 (28) Local Registrar M. W. Manning

*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.