

Form No. 1

(1) PLACE OF BIRTH

County of Washington
 Township of Hydco
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29882

Registration District No. 1576Registered No. 80
(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 James Mangum If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Parents Married? Yes (7) DATE OF BIRTH Sept 13 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isom Mangum(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Dorothea Mangum(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Lucas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R.M. Jones
(Signature of witness necessary only when question is signed by mark)(27) Filed Sept 13 1922 (28) R.M. Jones
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.