

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Manningor
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

41735

Registration District No. 13a Registered No. 47
(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 Vernise Canty {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 1922</u> (Name of Month) (Day) (Year)
--------------------------------	---------------------------------------------------------------------------	------------------------------	----------------------------------------	-----------------------------------------------------------------------

FATHER.

(8) FULL NAME Vernise Canty(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Manning, S.C.(13) OCCUPATION at Work(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Gamble(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 Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Hatfield (24) State whether Physician or 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 Jan 2, 1923 (28) 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.