

Form No. 7

(1) PLACE OF BIRTH

County of SumterTownship of Lowland

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Manning Green

File No.—For State Registrar Only

36540

Registration District No. 11.00Registered No. 43
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 3</u> 19 <u>22</u> (Name Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jim Green

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R. 1

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Jeames

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R. 1

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 27 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter S.C. R. 1

Given name added from a supplemental report

(26) Witness J. D. Kinney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 3 1922 (Name) R. J. Kinney
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

Revised by Columbia, S. C.