

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN AS 1 THE OTHER, No. 2, etc. IN QUESTION 8. SCDAY OF COLUMBIA.

(1) PLACE OF BIRTH
 County of Union
 Township of Bozartville
 or
 Loc. Town of
 or
 City of Buffalo
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
79562

Registration District No. 42-B Registered No. 60
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child Lizzie Leann Manis } If child is not yet named, make supplemental report as directed

(3) Boy OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 17, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bartie A. Manis

(9) PRESENT POSTOFFICE OF FATHER Buffalo

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Lee County, Va.

(13) OCCUPATION Weaver

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

MOTHER.

(14) NAME BEFORE MARRIAGE Artha Baker

(15) PRESENT POSTOFFICE OF MOTHER Buffalo

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Madison County, N.C.

(19) OCCUPATION Housekeeping

(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 12:30 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D. J. Morgan

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 20, 1916 (28) J. H. Woodward 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 reports desired of stillbirths before the fifth month of pregnancy.