

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Manningor
Inc. Town of Manning S.C.

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 Went. Know { 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 Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 21 22</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Mr. Richardson</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Hatfield</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Manning S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Sumter S.C.</u>	(18) BIRTHPLACE <u>Clarendon Co</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>Seven</u>
(20) OCCUPATION <u>Unwage laborer</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 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 22 is signed by mark)

(27) Jan 2 23 (28) A. White

Registrar

Local Registrar

When there was no attending physician or midwife, 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 sixth month of pregnancy.