

Form No. 1

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of Buffalo  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

No. for State Registrar  
**14535**

Registration District No. 77200 Registered No. 77  
 (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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Jan. 26, 1923</u> <small>(Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel L. Mangum</u>			(9) NAME BEFORE MARRIAGE <u>Mary E. Gardens</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Jefferson S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Jefferson S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(16) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 Fine</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .. born alive .. at 12:20 AM ..  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Gantt  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Jefferson S.C.

(Given name added from a supplemental report)

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mother)  
MA  
 (27) Date ..... 1923 .....  
 (28) Loc. Registrar. W. C. Gantt

\*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.