

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10-17-20-10-10-10

County of CharlestonTownship of Charles TownIn Town of CharlestonCity of CharlestonRegistration District No. 9 A Registered No. 468 85

(For use of Local Health Officer)

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

Full Name of Child Bobby M. Manigault If child is not yet named, make supplemental report as directed

SEX OF CHILD <u>Male</u>	DATE OF BIRTH <u>1-26-23</u>	PLACE OF BIRTH <u>Charleston, S.C.</u>	AGE AT LAST BIRTHDAY <u>22</u>	DATE OF DEATH <u>1-26-23</u>	PLACE OF DEATH <u>Charleston, S.C.</u>
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FATHER		MOTHER	
NAME <u>James Manigault</u>	NAME <u>Lily Brown</u>	NAME <u>Lily Brown</u>	NAME <u>Lily Brown</u>
RESIDENT ADDRESS <u>91 St. Philip St. Charleston, S.C.</u>	RESIDENT ADDRESS <u>91 St. Philip St. Charleston, S.C.</u>	RESIDENT ADDRESS <u>91 St. Philip St. Charleston, S.C.</u>	RESIDENT ADDRESS <u>91 St. Philip St. Charleston, S.C.</u>
COLOR <u>Negro</u>	COLOR <u>Negro</u>	COLOR <u>Negro</u>	COLOR <u>Negro</u>
AGE AT LAST BIRTHDAY <u>45</u>	AGE AT LAST BIRTHDAY <u>22</u>	AGE AT LAST BIRTHDAY <u>22</u>	AGE AT LAST BIRTHDAY <u>22</u>
BIRTHPLACE <u>McClaurie, S.C.</u>	BIRTHPLACE <u>McClaurie, S.C.</u>	BIRTHPLACE <u>McClaurie, S.C.</u>	BIRTHPLACE <u>McClaurie, S.C.</u>
OCCUPATION <u>Laborer</u>	OCCUPATION <u>Cook</u>	OCCUPATION <u>Cook</u>	OCCUPATION <u>Cook</u>
Number of children born to mother, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>	Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated.(19) (Signature) Harry H. D. Manigault

(20) State whether Physician or Midwife (21) Address of Physician or Midwife

Give name added from a supplemental report	(22) Witness (Signature of Witness necessary when question 20 is signed by midwife)
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If there was no attending physician or midwife, then the father, housewife, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FILED