

(1) PLACE OF BIRTH

County of Clarendon
 Township of Manning
 or
 Inc. Town of Manning
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3724

Registration District No. 13A Registered No. 3
 (For use of Local Registrar)

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

(2) Full Name of Child Helena Lumber If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? None (5) Number in order of birth _____
 To be answered only in event of Twins or Triplets
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. E. Lumber
 (9) PRESENT POSTOFFICE OF FATHER Manning
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Clarendon County
 (13) OCCUPATION Sheriff
 (20) Number of children, born to mother, including present birth 1 Son

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Marie Kothland
 (15) PRESENT POSTOFFICE OF MOTHER Manning
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE North Carolina
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1 Son

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)

(23) (Signature) J. E. Lumber
 (24) State with _____ Physician or Midwife (25) Address of Physician or Midwife Manning

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 1 19 23 (28) A. J. White 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.