

(1) PLACE OF BIRTH

County of Belair

Township of

Inc. Town of Manning

City of

(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

89154

Registration District No. 13Registered No. 49

(For use — Local Registrar)

(2) Full Name of Child Herbert A. L. Soathy

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 27</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME L. L. Soathy(9) PRESENT POSTOFFICE OF FATHER Manning S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE White Oak S.C.(13) OCCUPATION Preaching(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Willie A. James(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Manning S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Nov. 15 o'clock on the date above stated. M. A. Petch (Hour A. M. or P. M.)(23) (Signature) L. A. Petch(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

(26) Witness Local Registrar
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 12 1916 (28) A. L. Todd 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.