

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Atkinson
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
3654

Registration District No. Registered No.
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Savlon Wesley Mangum (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 13, 1912
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Samuel S. Mangum
 (9) PRESENT POSTOFFICE OF FATHER Angelus, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME BEFORE MARRIAGE Marion E. Gardner
 (15) PRESENT POSTOFFICE OF MOTHER Angelus, S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:15 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. H. Horwood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 13, 1912 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired for stillbirths before the fifth month of pregnancy.