

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*City of *Charleston*

(No. St. Ward)

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

Registration District No. *1206*Registered No. *14*
(For use of Local Registrar)

(2) Full Name of Child

Elizabeth D. Mangum

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb 1 1923

(Number of Month) (Day) (Year)

FATHER

(8) FULL NAME

Avery Mangum

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Merchant

MOTHER

(14) NAME BEFORE MARRIAGE

Estelle Clark

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3 P. M.* on the date above stated. (Date, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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) Date

2/2

(28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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