CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 10274

(1) PLACE OF BIRTH

County of .....

Township of .....
or
Inc. Town of .....
or
City of Charleston

Registration District No. 9A Registered No. 562 (For use of Local Registrar)

(No. 697½ King St.; 11 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Donald Manos — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (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 Apl. 4 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Arthur Manos

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Tripolis, Greece

(13) OCCUPATION Restaurant Keeper

(20) Number of children born to mother, including present birth 1 Third

MOTHER.

(14) NAME BEFORE MARRIAGE Corlena Braid McDonald

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 53 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 1 Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. Hipon Wilson M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/14 1922 (28) J. Mervin Green M.D. 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.

N. B.—In case of TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIRD-BORN, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.