

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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
64715

Registration District No. 2400

Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

Redburnell Manner

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

(3) BOY OR GIRL Girl	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in case of Twins or Triplets	(6) Are Parents Married? yes	(7) DATE OF BIRTH June 24 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Harry Manner			(14) NAME BEFORE MARRIAGE Lucile Cumber	
(9) PRESENT POSTOFFICE OF FATHER Estill S.C.			(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.	
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Negro		
(12) BIRTHPLACE Hampton co	(17) AGE AT LAST BIRTHDAY 24 (Years)	(18) BIRTHPLACE Estill S.C.		
(13) OCCUPATION Farming			(19) OCCUPATION House Wife	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at _____ on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife _____ 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 6-29-1916

(28)

H.E. Dickinson
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.

WHITE 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.