

10 TRACE OF BIRTH

County of Clarendon

Township of .....

or  
In. Town of Manning

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

24007

Registration District No. 13a Registered No. 22  
(For use of Local Registrar)

2) Full Name of Child

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

(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 30 1923  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Edward Gaudet

(9) PRESENT POSTOFFICE OF FATHER Manning

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 (Years)

(12) BIRTHPLACE Manning

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Ida Marie Hatcher

(15) PRESENT POSTOFFICE OF MOTHER Manning

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Physician

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

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

(27) Filed Sept 17 1923 (28) White Local Registrar

When there is 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.

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