

(1) PLACE OF BIRTH

County of

*Bamfrit*

Township of

or

City of

*Parris Island*

(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

331

Registration District No.

*600*

Registered No.

(For use of Local Registrar)

St. ( ) Ward ( )

(2) Full Name of Child

*James Lorne Manion Jr.*

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

(3) SEX OF CHILD

*Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 27, 1921*

Month ( ) Day ( ) Year ( )

To be answered only in case of twins or triplets

## FATHER

(8) FULL NAME

*James Lorne Manion*

(9) PRESENT POSTOFFICE OF FATHER

*Parris Island S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*38*

(Years)

(12) BIRTHPLACE

*Portland Oregon*

(13) OCCUPATION

*Medical Officer U.S. Navy*

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

*1*

## MOTHER

(15) NAME BEFORE MARRIAGE

*Waltera Williams Bunker*

(16) PRESENT POSTOFFICE OF MOTHER

*Parris Island S.C.*

(17) COLOR OR RACE

*White*

(18) AGE AT LAST BIRTHDAY

*24*

(Years)

(19) BIRTHPLACE

*San Francisco Cal.*

(20) OCCUPATION

*Housewife*

(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 on the date above stated.

(23) (Signature)

*E. S. Wood*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Naval Hospital Parris Island 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

*2/6 1921*

(28)

*H. G. Kerner*

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.

Copy of Certificate

N. 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 8.