

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 Inc. Town of Charleston S.C.
 City of Charleston S.C.

CERTIFICATE OF BIRTH

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

No. 10.—For this Register
 3126

Registration District No. Registered No. 201
 (For use of Local Registrar)

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

(2) Full Name of Child Bessie Manigault If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Type of Birth Normal (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 28 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Manigault</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Green</u>	(18) PRESENT RESIDENCE OF FATHER <u>Charleston S.C.</u>	(18) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C.</u>
(12) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(14) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(10) BIRTHPLACE <u>Adams River S.C.</u>	(16) OCCUPATION <u>Householder</u>	(16) BIRTHPLACE <u>Georgetown S.C.</u>	(16) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Ullie Doherty (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) J. M. ...
 (27) Filed 3/7 1923 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.