

(1) PLACE OF BIRTH

County of Mason.....Township of Denton.....Inc. Town of Mullins.....

City of

(No. St. Ward)

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

(2) Full Name of Child John Emanuel.....

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

(3) SEX OF CHILD <u>MALE</u>	(4) Type of Birth <u>Normal</u> Is it reported only in case of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Was it a stillbirth? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10 1944</u> (Month) (Day) (Year)
---------------------------------	--	--	--	---

FATHER.

(8) FULL NAME Walter D. Emanuel(9) PRESENT POSTOFFICE OF FATHER Mullins - S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Miner(14) OCCUPATION Engineer(15) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Mary G. Galt(17) PRESENT POSTOFFICE OF MOTHER Mullins(18) COLOR OR RACE Black (19) AGE AT LAST BIRTHDAY 24 (Years)

(20) BIRTHPLACE

(21) OCCUPATION Miner(22) OCCUPATION House wife(23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(24) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Walter D. Emanuel(26) Name of mother Mary G. Galt(27) Name of father Walter D. Emanuel(28) Witness Walter D. Emanuel(29) Filed Feb 10 1945 (30) W.D. Emanuel

When there was no attending physician or midwife, then the father, householder, etc., must sign and report as follows: If a child breathes even once, it must not be reported as stillborn. No report is needed at all before the fifth month of pregnancy.