

MAILED 10 MAY 1916  
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 FILE NO. 59373

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.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Bladen</u> Township of <u>Manning</u> 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.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>59373</b>
(2) Full Name of Child <u>Pansy Edna Mack</u>		Registration District No. <u>1307</u> Registered No. <u>34</u> (For use of Local Registrar) St. .... Ward ..... If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 29 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Akota Mack</u> (9) PRESENT POSTOFFICE OF FATHER <u>Manning, S.C.</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Lee County, S.C.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>Three</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Annie Miller</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Manning, S.C.</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) (18) BIRTHPLACE <u>Bladen County, S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>Three</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Emeline Bunn</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Manning</u>				
Given name added from a supplemental report ..... 191.... Registrar		(26) Witness <u>Akota Mack</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>May 29 1916</u> (28) <u>A. S. Todd</u> 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.  
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