

FIRST-BORN No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Clarendon  
Township of .....  
or  
Inc. Town of Manning, S.C.  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

14347

Registration District No. 130

Registered No. 20  
(For use of Local Registrar)

(2) Full Name of Child Mable Custer

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

(3) 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: May 29, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Custer

(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE Summerton, S.C.

(13) OCCUPATION Cook

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emilie Tindal

(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE Manning, S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Beverington

(24) State whether Physician or Midwife 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 Jan 1, 1922 (28) A. J. White 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.