

McGraw-Hill  
In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK for each child, and mark the  
FIRST-BORN. No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of .....  
Township of .....  
or  
Inc. Town of ..... Registration District No. 9 A Registered No. 1416  
or  
City of Charleston (No. 22 9 First Wine rd 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 Thomas J. Mann If child is not yet named, make supplemental report as directed

|  |                      |                              |   |   |
|--|----------------------|------------------------------|---|---|
| (3) BOY OR GIRL? <u>Boy</u>  | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u>   | (7) DATE OF BIRTH <u>Sept. 30, 1931</u><br>(Name of Month) (Day) (Year) |
| FATHER.  |                      |                              | MOTHER.   |   |
| (8) FULL NAME <u>Edw. G. Mann</u>  |                      |                              | (14) NAME BEFORE MARRIAGE <u>Louise Lawrence</u>  |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>                      |                      |                              | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>                                     |   |
| (10) COLOR OR RACE <u>colored</u>  |                      |                              | (16) COLOR OR RACE <u>colored</u>   |   |
| (11) AGE AT LAST BIRTHDAY <u>39</u> (Years)                                  |                      |                              | (17) AGE AT LAST BIRTHDAY <u>36</u> (Years)   |   |
| (12) BIRTHPLACE <u>Charleston</u>  |                      |                              | (18) BIRTHPLACE <u>Charleston</u>   |   |
| (13) OCCUPATION <u>Operator</u>  |                      |                              | (19) OCCUPATION <u>House work</u>   |   |
| (20) Number of children born to mother, including present birth { <u>2</u> } |                      |                              | (21) Number of children of this mother now living, including present birth { <u>2</u> } |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas J. Mann

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 408 Sumter St.

Given name added from a supplemental report ..... 191 .....  
..... 191 .....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. J. Mercer

(27) Filed 9/28 191 31 J. J. Mercer 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.