MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 4421

(1) PLACE OF BIRTH

County of Laurens

Township of Sullivan

or Inc. Town of Honea Path Registration District No. 2901 Registered No. 10 (For use of Local Registrar)

or City of 86 (No. 4 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 Georgianna Mansell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (To be answered only in event of Twins or Triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 4 (Name of Month) (Day) 1923 (Year)

FATHER.	MOTHER.
(8) FULL NAME Henry Mansell	(14) NAME BEFORE MARRIAGE Parthenia Mansell
(9) PRESENT POSTOFFICE OF FATHER Honea Path SC	(15) PRESENT POSTOFFICE OF MOTHER Honea Path SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Laurens Co SC	(18) BIRTHPLACE Abbeville Co SC
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nathie Mansell

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Honea Path SC

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Feb 13 1923 (28) Wm D Sullivan 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.

CERTIFICATE OF BIRTH File No.—For State Registrar Only

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