

OFFICE OF THE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Register Only

412

County of Charleston

City of Charleston

Street of Charleston

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

Registration District No. 1

Registered No. 20

(For use of Local Registrar)

Full Name of Child Edgar Orneahus Manigault

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

Is sex of child?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 13 1923

boy

yes

1

yes

(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME

W. H. Manigault

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sila H. F. Ludd

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Housekeeper

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, on Jan 13 1923 (Hour A. M. or P. M.)

(21) (Signature)

Philippe P. P. P.

(22) State whether Physician or Midwife

Midwife

Was name added from a supplemental report

(23) Witness

1/13/23

(24) Filed

1/13/23

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, or some trusted person, and it must not be reported as stillborn. No report is desired of children before the 10th month of pregnancy.