

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

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

(2) Full Name of Child Margaret Belle Mann

File No.—For State Registrar Only

25069

1125

Registration District No. 9 ARegistered No.
(For use of Local Registrar)

St.; Ward)

(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

6. Are Parents Married? yes

7. DATE OF BIRTH

Aug 5 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Ernest L. Mann

9. PRESENT POSTOFFICE OF FATHER

Charleston SC

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

23
(Years)

12. BIRTHPLACE

Seward, Oklahoma

13. OCCUPATION

Pipe fitter

20. Number of children born to mother, including present birth

2

MOTHER.

14. NAME BEFORE MARRIAGE

Emma C. Ridgeway

15. PRESENT POSTOFFICE OF MOTHER

Charleston

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

24
(Years)

18. BIRTHPLACE

Clarendon County SC

19. OCCUPATION

Homestic

21. Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

18 Radcliff St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/10 1922Merwin
Local Registrar19
RegistrarWhen 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.