

(1) PLACE OF BIRTH

County of AndrusTownship of RichmondInc. Town of RichmondCity of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar

12743

Registration District No. 3 BRegistered No. 37

(For use of Local Registrar)

(No. 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 Robert J. Manley (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>May 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>W. K. Manley</u>	(14) MARRIAGE <u>Lela Hopkins</u>	(10) PRESENT RESIDENCE <u>Richmond S. C.</u>	(16) COLOR OF MOTHER <u>White</u>
(9) PRESENT RESIDENCE <u>Richmond S. C.</u>	(11) AGE AT LAST BIRTHDAY <u>62</u>	(12) COLOR OF FATHER <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(13) BIRTHPLACE <u>I A</u>	(15) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S C</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 7 P. M. on the date above stated. (Surviving or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>James H. Manley</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Richmond S. C.</u>
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Given name added from a supplemental report <u>Manley</u>	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>May 30, 1923</u>	(27) Filed <u>May 30, 1923</u>	(28) Local Registrar <u>James H. Manley</u>
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*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.

a Supplementary report (Date of) May 30, 1923
Address Richmond
Filed May 30, 1923