

(1) PLACE OF BIRTH

County of CherokeeTownship of Shawor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20712

Registration District No. 211 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Marrison Maggie Mance 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? Married(7) DATE OF BIRTH July 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Mance(9) PRESENT POSTOFFICE OF FATHER Cureha SC(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Edgefield SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Brown(15) PRESENT POSTOFFICE OF MOTHER Cureha SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Edgefield SC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sophia Weaver midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cureha SC

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed July 5, 1922 (28) M. F. Wharton

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.