

Form No. 1

## (1) PLACE OF BIRTH

County of Edgefield  
 Town of Pickens  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42210

Registration District No. 1808 Registered No. 36  
 (For use of Local Registrar)

City of ..... (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 Carrie Mance { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4, 1933  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Mance  
 (9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Mathis  
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm help  
 (21) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pearl Fuller  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(27) Filed 1/8/34 19 33 (28) Ed. J. Daniel  
 Registrar 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.

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.