

Form No. 1

(1) PLACE OF BIRTH

County of DeLeon

Township of Hallesville

or
Inc. Town of

or
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

42079

Registration District No. 1602

Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Celine Manning

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 19 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Len Morrison

(9) PRESENT POSTOFFICE OF FATHER Maxton S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Manning

(15) PRESENT POSTOFFICE OF MOTHER Clio, Sc

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Home labor

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mag. Manning

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clio, 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 Jan 2 1923 (28) W. H. H. H. 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.

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.