

(1) PLACE OF BIRTH

County of ChestnutTownship of Chick

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

14323

Registration District No. 1206Registered No. 58
(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 Bertie McManis

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 One(6) Age
Parents
Married? Yes

(7) DATE OF

BIRTH May 4, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Chas McManis(9) PRESENT
POSTOFFICE
OF FATHER Jaxa haw. S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE Chestnut Co.(13) OCCUPATION Farming(20) Number of children born to
mother, including present birth 7

MOTHER

(14) NAME BEFORE
MARRIAGE Lettie Horton(15) PRESENT
POSTOFFICE
OF MOTHER Jaxa haw. S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 30
(Years)(18) BIRTHPLACE Lancaster Co.(19) OCCUPATION House wife(21) Number of children of this mother
now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born nt. 8 P. M.,
on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Henderson(24) State whether Physician or midwife (25) Address of Physician or MidwifeGiven name added from a supplemen-
tal report(26) Witness P. M. Asmus(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 6/8 1922(28) Geo. W. Humphrey Jr.
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.