

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of Mullins

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

4965

Registration District No. 3112 Registered No. 3
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Sister Gardner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 3, 1912</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Manning</u>	(14) NAME BEFORE MARRIAGE <u>Sadie Gardner</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dillon</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Dillon</u>	(18) BIRTHPLACE <u>Conway SC</u>	(13) OCCUPATION <u>Unknown</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dolly X Woodbury(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness Wm Schuller
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Feb 14, 1912 (28) Wm Schuller 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.