

BE CAREFUL PLAINLY WITH UNFOLDING THIS FORM. N. H.—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. McCraw, of Columbia.

(1) PLACE OF BIRTH

County of Greenwood S.C.  
 Township of Greenwood  
 OF  
 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  
**49086**

Registration District No. 206 Registered No. 15  
 (For use of Local Registrar)

(2) Full Name of Child John Franklin McManus (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME John Nicholson McManus

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C. Route #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Greenwood Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Minnie Lora Norman

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C. Route #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE Greenwood Co S.C.

(19) OCCUPATION Domestic Housewife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) M. P. Turner M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report

..... 191.....

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..... Registrar

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

(27) Filed March 17, 1916 (28) A. P. Brooks  
 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.