(1) PLACE OF BIRTH

County of Lexington

Township of Coggins

or

Inc. Town of Batesburg

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 43434

Registration District No. 31-a **Registered No.** 68
(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** not named (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH 4/1/ 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Earl Rankin	(14) NAME BEFORE MARRIAGE Etta Manning
(9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.	(15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Lexington Co. S.C.	(18) BIRTHPLACE Saluda Co. S.C.
(13) OCCUPATION Mill Operative	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:9 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. M. Mittenel

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Batesburg S.C.

Given name added from a supplemental report .....

..... 19 ....
Registrar

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

(27) Filed ..... 1923. (28) ..... 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.

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McGAW, COLUMBIA, S. C.
N. B.—In case of TWIN OR TRIPLETS, use a separate blank for each child, and mark the order of birth, No. 1, 2, etc., in question 5.
WRITE PLAINLY, WITH BLACK INK. USE A PROPER PENCIL ONLY IF INK IS NOT AVAILABLE.