

(1) PLACE OF BIRTH

County of Edgfield
 Township of Blocker
 or
 the Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar only

17503

Registration District No. 1801 Registered No. 17
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Andrew J. Mc Manus (if child is not yet named, make supplemental report as directed)

(3) SEX of CHILD Boy (4) Type or Type yes (5) Number in order of birth 1 (6) Age yes (7) DATE of BIRTH June 3, 23
 To be entered only in case of Twin or Triple (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Daddy Mc Manus(2) PRESENT RESIDENCE OF FATHER Charlotte N.C.(10) COLOR or RACE colord (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE S.C.

(13) OCCUPATION

(14) OCCUPATION

(15) OCCUPATION

(16) OCCUPATION

(17) OCCUPATION

(18) OCCUPATION

(19) OCCUPATION

(20) OCCUPATION

(21) OCCUPATION

(22) OCCUPATION

(23) OCCUPATION

(24) OCCUPATION

(25) OCCUPATION

(26) OCCUPATION

MOTHER.

(14) NAME OF MOTHER Emmie Walton(15) PRESENT RESIDENCE OF MOTHER Pleasant Lane 96(16) COLOR or RACE colord (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE S.C.

(19) OCCUPATION

(20) OCCUPATION

(21) OCCUPATION

(22) OCCUPATION

(23) OCCUPATION

(24) OCCUPATION

(25) OCCUPATION

(26) OCCUPATION

(27) OCCUPATION

(28) OCCUPATION

(29) OCCUPATION

(30) OCCUPATION

(31) OCCUPATION

(32) OCCUPATION

(33) OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) Emmie Walton (30) Address of Physician or Midwife Pleasant Lane 96

(31) State whether Physician or Midwife mid wife

Given name added from a supplemental report

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

(33) Filed July 3, 1923 (34) Local Registrar John H. H. H.

*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.