(1) PLACE OF BIRTH

County of Lancaster

Township of Buford

or

Inc. Town of .....

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
15506

Registration District No. 2800 Registered No. 34
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child. Mandock

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	June	5	1922

FATHER.

(8) FULL NAME Hardy Mandock

(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. M. Hinson M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Lancaster S.C.

Given name added from a supplemental report ..... 191....

..... Registrar

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

(27) Filed June 10 1922 (28) A. M. Hinson 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.

N. B.—McCaw of Columbia FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5. USE A SEPARATE BLANK for each child, and mark the TWINS OR TRIPLETS case

Mother

..... 19 .... Registrar

(27) Filed June 22 1922 (28) A. M. Hinson 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.