

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Clarendon</u>		STATE OF SOUTH CAROLINA		3464	
Township of <u>Manning</u>		Bureau of Vital Statistics			
Inc. Town of <u>Manning</u>		State Board of Health			
City of _____		Registration District No. <u>130</u>		Registered No. <u>2</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Northy May Charles</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Lucius Charles</u>		(14) NAME BEFORE MARRIAGE <u>Julia Johnson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Manning S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>40</u>		(16) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Manning S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>39</u>		(18) BIRTHPLACE <u>Manning S.C.</u>	
(13) OCCUPATION <u>job work</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jane Hatfield</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Manning S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
(19) Registrar		(27) Filed <u>Jan 10 1923</u> (28) <u>A. White</u> 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.					

McLean of Columbia, Columbia, S. C.