

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

14547

Name of Child *John H. Mangum*

Township of *Buffalo*

City of *Buffalo*

or Town of *Buffalo*

or *Buffalo*

Registration District No. *2700*

Registered No. *21*

(For use of Local Registrar)

City of *Buffalo* (No. *2700* St. *21* Ward *21*)

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

Full Name of Child *John H. Mangum* If child is not yet named, make supplemental report as directed

BOY OR GIRL? *Boy* (4) Twin or triplet? *X* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 4 1923* (Name of Month) (Day) (Year)

FATHER. FULL NAME *John H. Mangum* PRESENT POSTOFFICE OF FATHER *Buffalo, S.C.* (8) COLOR OR RACE *White* (9) AGE AT LAST BIRTHDAY *31* (Years) BIRTHPLACE *Buffalo, S.C.* OCCUPATION *Farmer* MOTHER. (10) NAME BEFORE MARRIAGE *Mary Mangum* (11) PRESENT POSTOFFICE OF MOTHER *Buffalo, S.C.* (12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *27* (Years) BIRTHPLACE *Buffalo, S.C.* OCCUPATION *Domestic* (14) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born* at *Buffalo, S.C.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. H. Mangum*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Buffalo, S.C.*

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 27 is signed by mother)

(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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