

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 A. B.—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 1.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Cherokee  
 Inc. 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

17047

Registration District No. 1.02

Registered No. 186  
 (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 Karnie Manning

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

(3) SEX OR CHILD girl (4) Type or Type 1 (5) Number in order of birth 9 (6) Age 7 (7) DATE OF BIRTH June 9 1923  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Manning

(9) PRESENT RESIDENCE OF FATHER Jeffery St. R.D. 5-

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Year)

(12) BIRTHPLACE Cherokee County Ga.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present child 9

MOTHER.

(15) NAME BEFORE MARRIAGE Lina Camp

(16) PRESENT RESIDENCE OF MOTHER Jeffery St. R.D. 5-

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (Year)

(19) BIRTHPLACE Cherokee County Ga.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present child 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. D. Manning

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jeffery St.

Given name added from a supplemental report

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

(27) Filed 7/10 23 (28) L. F. Smith 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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