

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

49192

Registration District No. 22.A Registered No. 98

(For use of Local Registrar)

St.; 1 Ward)
(No. Wynnes Alley)(2) Full Name of Child William Manus

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

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTHFeb. 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHenry Manus(9) PRESENT
POSTOFFICE
OF FATHERGreenville(10) COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Laborer(14) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGEBessie Dyer(15) PRESENT
POSTOFFICE
OF MOTHERGreenville(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

Greenville, S. C.

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 44 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Hamilton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by Mark)(27) Filed Mar. 15 1916 (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.

MARGIN RESERVED FOR INDEXING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 8.