

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Blount West

Inc. Town of .....

City of .....

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

5806

Registration District No. 126 Registered No. 102  
(For use of Local Registrar)(2) Full Name of Child Henry Giles Mann

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

(3) BOY OR GIRL Male(4) Twin or Triplet X(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH March 19, 1923

## FATHER.

(8) FULL NAME Henry Mann(9) PRESENT POSTOFFICE OF FATHER Blount SC #2(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Fireman on Train(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Maries Gault(15) PRESENT POSTOFFICE OF MOTHER Blount SC #2(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Abbeville Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blount SC #2

(Given name added from a supplemental report)

(26) Witness .....

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

(27) Filed March 23, 1923(28) J. H. 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.