(1) PLACE OF BIRTH

County of Sumter

Township of [illegible]

or

Inc. Town of ..... Registration District No. 41.6.6 Registered No. 23

or (For use of Local Reistrar)

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
53919

(2) Full Name of Child Mary Jane Manigo ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			May 19, 191[illegible] (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Charles Manigo	(14) NAME BEFORE MARRIAGE Sallie Dixon
(9) PRESENT POSTOFFICE OF FATHER Hayood S.C.	(15) PRESENT POSTOFFICE OF MOTHER Hayood S.C.
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Sumter Co S.C.	(18) BIRTHPLACE Sumter Co S.C.
(13) OCCUPATION Field Labor	(19) OCCUPATION Home Wife
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 12 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) [illegible] Harden

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Hayood S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed April [illegible], 191[illegible] (28) W C Harlee 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.

fifth month of pregnancy.

(Copy from original in pencil.)