

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Harshville  
 or  
 Inc. Town of.....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1602 Registered No. 161  
 (For use of Local Registrar)

(2) Full Name of Child Christina Manning (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD B (4) TYPE OF BIRTH Yes (5) DATE OF BIRTH Dec 22  
 (6) TIME OF BIRTH 11:30  
 (7) PLACE OF BIRTH Home

**FATHER.**  
 (8) FULL NAME Clarence Manning  
 (9) PRESENT RESIDENCE OF FATHER Dillon  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49  
 (12) BIRTHPLACE Little Rock  
 (13) OCCUPATION Farming  
 (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD 10

**MOTHER.**  
 (15) FULL NAME Emma Hancock  
 (16) PRESENT RESIDENCE OF MOTHER Dillon  
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 59  
 (19) BIRTHPLACE SC  
 (20) OCCUPATION Housewife  
 (21) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT CHILD 16

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (23) Dec. 22, 1932 at 11:30  
 on the date above stated. (24) P. E. Robinson (25) Little Rock, AR  
 (26) State whether Physician or Midwife (27) Nurse

Given notice of birth to a competent person (28) Witness Jan 1 24 (29) B. F. Hays  
 (30) Filed Jan 1 24 (31) B. F. Hays

When this report is made by a physician or midwife, then the father, householder, etc., should sign. If a child is born even once, it must not be reported as stillborn. No report is needed before the birth month of pregnancy.