

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.

(1) PLACE OF BIRTH

County of Sumter

Township of 10

or Inc. Town of

or City of

(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  
**34306**

Registration District No. 1907 Registered No. 28  
(For use of Local Registrar)

(2) Full Name of Child Daniel Clifton Mann 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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 14, 1922  
(Name Month) (Day) (Year)

**FATHER**

(8) FULL NAME Johnnie Wirt Mann

(9) PRESENT POSTOFFICE OF FATHER Wassawilla, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Sain Forest, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

**MOTHER**

(14) NAME BEFORE MARRIAGE Lucie McBain

(15) PRESENT POSTOFFICE OF MOTHER Wassawilla, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Radland, S.C.

(19) OCCUPATION Housewife

(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 born alive at 7 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amos C. Estess, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winnabero, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 10, 1922 (28) E. G. Tride 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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