

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

43207

Registration District No. 2805

Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL

Boy

(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

yes

(7) DATE OF
BIRTH

Oct. 4 22

(Name of Month) (Day) (Year)

(8) FULL
NAME

D. Robt Mcmanus

(9) PRESENT
POSTOFFICE
OF FATHER

Osceola, S. Car.

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY

4 4

(12) BIRTHPLACE

n. Car.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Louola Petty

(15) PRESENT
POSTOFFICE
OF MOTHER

Osceola S. C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

27

(18) BIRTHPLACE

n. Car.

(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

born alive at 6 P. M.,
(Born alive or stillborn) (Hour—A. M. or P. M.)

(23) (Signature)

L. E. Lison

(24) State whether Physician or Midwife

physician

(25) Address of Physician or Midwife

Wayhau n. C.

Given name added from a supplemen-
tal report

(26) Witness

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

B. J. Richardson

(27) Filed

Dec. 14 22

(28)

B. J. Richardson

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.

RECORD OF COLUMBIA, COLUMBIA, S. C.