

FOR NO. 1. 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.  
N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Manor

Township of Manor

Inc. Town of Manor

City of Manor

(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

65340

Registration District No. 3403

Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child

Hannelle Virginia Sosque

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 26 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will. Sosque

(9) PRESENT POSTOFFICE OF FATHER Manor SC RFD 1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Manor SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Edie Owens

(15) PRESENT POSTOFFICE OF MOTHER Manor SC RFD 1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Manor Co.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 10<sup>20</sup> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. M. Owens

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Manor SC

Given name added from a supplemental report

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

(27) Filed 11/6 1916 (28) Space 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.

Registrar

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