

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manning

Inc. Town of .....

City of .....

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lizzie Handberg (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL girl 4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Number in order of birth 6) Are Parents Married yes 7) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME George Handberg9) PRESENT POSTOFFICE OF FATHER Manning10) COLOR OR RACE negro. 11) AGE AT LAST BIRTHDAY 25  
(Year)12) BIRTHPLACE Clarendon13) OCCUPATION Farmer20) Number of children born to mother, including present birth Two

## MOTHER.

14) NAME BEFORE MARRIAGE Sarah Jane15) PRESENT POSTOFFICE OF MOTHER Manning16) COLOR OR RACE negro. 17) AGE AT LAST BIRTHDAY 21  
(Year)18) BIRTHPLACE Clarendon19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 12:00 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lena Egan  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Manning 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 Mar 9 1923 (28) A. J. White  
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.

File No. - For State Registrar Only

8574

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1207 Registered No. 7  
(For use of Local Registrar)(No. .... St.; .... Ward)  
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