

## (1) PLACE OF BIRTH

County of McConnick  
 Township of Baldwin  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St. .... Ward ....)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

8396

Registration District No. 4Registered No. 23  
(For use of Local Registrar)

## (2) Full Name of Child

Jukan Albert Mann

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

10

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 26 1922  
(Name) (Month) (Day) (Year)

## FATHER

(8) FULL NAME

J.C. Mann

(9) PRESENT POSTOFFICE OF FATHER

McConnick

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Winnie Lee King

(15) PRESENT POSTOFFICE OF MOTHER

McConnick

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

10

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

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22)

I hereby certify that I attended the birth of this child, who was Active at 3:00 M. on the date above stated. (Hour A. M. or P. M.)

(23)

(Signature)

J.C. Mann

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 10 1922

(28)

B. St. Nathan  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc. should make a 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.