

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 8.

McGraw-Hill

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(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or  
In Town of Wando

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Williams Manning

File No.—For State Registrar Only.

1916

Registered No. 7

(For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Yes

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 21

(Name of Month, Day, Year)

FATHER.

(8) FULL NAME Leahon Manning

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE Texas

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 8

(14) NAME BEFORE MARRIAGE Manning

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John J. Williams

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

Given name added from a supplemental report

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

(27) Filed 1916 (28) 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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