

Form No. 1

(1) PLACE OF BIRTH

County of Durham
 Township of Lydia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29881

Registration District No. 1806 Registered No. 81
 (For use of Local Registrar)

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

(2) Full Name of Child Albina Mangate (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME George Mangate(9) PRESENT POSTOFFICE OF FATHER Lydia(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Brown(15) PRESENT POSTOFFICE OF MOTHER Lydia S. C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... A. Mangate ... at 2 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Corcoran Seguro(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. M. Jones (Signature of witness necessary only when question 23 is signed mark)(27) Filed Sept 19 1922 (28) R. M. Jones 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.