CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32421

(1) PLACE OF BIRTH
County of Laurens
Township of " or
Inc. Town of " or
City of

Registration District No. 410 Registered No. 185
(For use of Local Registrar)

(No. Jenny Harper 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 Frances Coppedge Emanuel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? | (4) Twin or Triplet? X To be answered only in event of Twins or Triplets | (5) Number in order of birth 3rd | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sept 13 1922 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas Mengo Emanuel
(9) PRESENT POSTOFFICE OF FATHER Borden S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Wadesboro N C
(13) OCCUPATION Planter
(20) Number of children born to mother, including present birth 3rd

MOTHER.

(14) NAME BEFORE MARRIAGE Harriette Rebecca Saunders
(15) PRESENT POSTOFFICE OF MOTHER Borden S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Slatesburg S C
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) H E Moore
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Fountain S. C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct. 6 1922 (28) D. O. Blackwood
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.

N. B.—In case of TWINS OR TRIPLETS use a separate blank for each child, in question 5.

WRITE PLAINLY, WITH UNFADING INK—THIN IN A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.

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