

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19143

County of LincolnTownship of Richland

or

Inc. Town of

or

City of

Registration District No. 2000Registered No. 39

(For use of Local Registrar)

(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 William McManus

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>5 6 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Wm McManus9) PRESENT POSTOFFICE OF FATHER Lincoln, R. S.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)12) BIRTHPLACE S C13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Wiley Hinson15) PRESENT POSTOFFICE OF MOTHER Lincoln, R. S.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)18) BIRTHPLACE S C19) OCCUPATION house work21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive ... born ... at ... 3 ... PM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Adams(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Lincoln, R. S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1922 (28) W. M. Hinson Local Registrar

19 ... 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.