

J. H. Barfield  
Treasurer S.C.

(1) PLACE OF BIRTH

County of Mecklenburg

Township of North

or  
Inc. Town of North

or  
City of North

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

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**43582**

Registration District No. 2704 Registered No. 19  
(For use of Local Registrar)

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 Emeline Mangum 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 24 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Mangum</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Hall</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lugoff S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lugoff S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Lugoff S.C.</u>	(18) BIRTHPLACE <u>Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Mangum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lugoff S.C.

Given name added from a supplemental report

(26) Witness John Mangum  
(Signature of Witness necessary only when question 23 is signed by doctor)

(27) Filed 1/26/16 (28) J. H. Barfield 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.

WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McCauley of Columbia