

J. H. Barfield
Treasurer S.C.

(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
43582

County of McCaw
Township of North
or
Inc. Town of North
or

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

City of _____ (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 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.
(8) FULL NAME Henry Mangum
(9) PRESENT POSTOFFICE OF FATHER Leggett S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Leggett S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Hall
(15) PRESENT POSTOFFICE OF MOTHER Leggett S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 46 (Years)
(18) BIRTHPLACE Co.
(19) OCCUPATION Housewife
(21) 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 born at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura J. Mangum
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leggett S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness W. G. [Signature]
(Signature of Witness necessary only when question 23 is signed by doctor)

(27) Filed 1/26/16 (28) [Signature] 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 PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. M.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK NO. 2, ETC., IN QUESTION 3. FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC.

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