

(1) PLACE OF BIRTH

County of Pickens

Township of

or

Inc. Town of

or

City of Easley

(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

No. 1a.—For State Registrar Only

25885

Registration District No. 37MA .. Registered No. 112 ..

(For use of Local Registrar)

(2) Full Name of Child Governor Mansell

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

(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married yes

(7) DATE OF

BIRTH July 17, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEEugene Mansell(9) PRESENT
POSTOFFICE
OF FATHEREasley, S.C.(10) COLOR
OR
RACEcol.(11) AGE AT LAST
BIRTHDAY 31
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Barber(20) Number of children born to
mother, including present birth4

MOTHER.

(14) NAME BEFORE
MARRIAGEHattie Davis(15) PRESENT
POSTOFFICE
OF MOTHEREasley, S.C.(16) COLOR
OR
RACEcol.(17) AGE AT LAST
BIRTHDAY 27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 A.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Nancy Barton, Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Easley, S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug. 9, 1923 (28) E. F. Wyatt RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.