

(1) PLACE OF BIRTH

County of AndersonTownship of Hanna PathInc. Town of Hanna Path

City of _____

(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

71282

Registration District No. 3.07 Registered No. 103
(For use of Local Registrar)(2) Full Name of Child Keturah Elizabeth Mangum { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME P. M. Mangum(9) PRESENT POSTOFFICE OF FATHER Hanna Path S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Hake Co. N.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Wesley Bell Bigg(15) PRESENT POSTOFFICE OF MOTHER Hanna Path S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Hake Co S.C.(19) OCCUPATION House Keeper(20) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) H. M. Baker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hanna Path S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug. 21, 1916. (28) J. E. Williams 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.