

## (1) PLACE OF BIRTH

County of Lantern  
 Township of Lantern  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

File No.—For State Registrar Only  
**19273**

Registration District No. 290 Registered No. 75  
 (For use of Local Registrar)

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

(2) Full Name of Child Manuel R. Smith (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL? Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 19 27  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 8. FULL NAME Benjamin Hunter

9. PRESENT POSTOFFICE OF FATHER Over Sea

10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 53  
 (Years)

12. BIRTHPLACE Lantern Co S.C.

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Carroll Nelson

(15) PRESENT POSTOFFICE OF MOTHER Over Sea

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36  
 (Years)

(18) BIRTHPLACE Lantern Co S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

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

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

(23) (Signature) Medea Hark (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lantern S.C.

Given name added from a supplemental report

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

(27) Filed July 17 27 (28) Chick 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.

REVISION, No. 1, THE OTHER, No. 2, etc., in question 5.