

WHITE PLAINLY, WITH READING-FIG.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Clarendon</u>		STATE OF SOUTH CAROLINA		828	
Township of		Bureau of Vital Statistics			
Inc. Town of <u>Manning</u>		State Board of Health			
City of		Registration District No. <u>130</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>John Allen Easley</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 15, 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>John Allen Easley</u>			(14) NAME BEFORE MARRIAGE <u>Eleanor Nabors</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Manning, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Manning, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Greenville, S.C.</u>			(18) BIRTHPLACE <u>Louisville, Ky.</u>		
(13) OCCUPATION <u>Minister</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:25 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Charles McKnight, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Manning, S.C.</u>					
Given name added from a supplemental report:			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>alright</u>		
19			(27) Filed <u>Jan 30</u> 19 <u>22</u> (28) <u>alright</u> 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.					