

FORM NO. 3.

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Chapelton

STATE OF SOUTH CAROLINA.

76072

Township of Christ Church Parish

Bureau of Vital Statistics

Inc. Town of .....

Registration District No. 901 Registered No. 28

(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 Roselle Manigault } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept, 21</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME <u>Joe Manigault</u>	(14) NAME BEFORE MARRIAGE <u>Ella M<sup>o</sup> Mail</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>St James Parish (Beck Hall)</u>	(18) BIRTHPLACE <u>Christ Church Parish</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Pleasant SC

Given name added from a supplemental report

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

(27) Filed Sept 30 1916 (28) DMeguire 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 5.

McCaw, of Columbia.