

(1) PLACE OF BIRTH

County of Dillon

Township of Carmichael

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

18380

Registration District No. 1601

Registered No.
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Manning
(9) PRESENT POSTOFFICE OF FATHER Hamer
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie G. Alford
(15) PRESENT POSTOFFICE OF MOTHER Hamer
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE S.C.

(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour of day or P.M.)

(23) (Signature) Sever Carmichael M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pawland N.C.

Given name added from a supplemental report

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

(27) Filed July 8, 1922 (28) Alfred M. Bellan 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.

THIS IS A PERMANENT RECORD
DO NOT WRITE OR STAMP OVER THIS RECORD
IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE FILE AND FOR EACH CHILD AND MARK THE CHILD'S NAME IN THE QUESTION 2