

Form No 1.

(1) PLACE OF BIRTH

County of Amey  
Township of Little River  
or  
Inc. Town of .....  
or  
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

43289

Registration District No. 2507 Registered No. 230  
(For use of Local Registrar)

2) Full Name of Child Donnie Oliver Minto If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 1905 (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Robert A Minto  
(9) PRESENT POSTOFFICE OF FATHER Wampsee S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49 (Years)  
(12) BIRTHPLACE Nor. Car.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 5

MOTHER  
(15) NAME BEFORE MARRIAGE Julia A Brown  
(16) PRESENT POSTOFFICE OF MOTHER Wampsee S.C.  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 39 (Years)  
(19) BIRTHPLACE Nor. Car.  
(20) 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 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little River S.C.

(Given names added from a supplemental report)  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)  
(27) Filed Dec 21 1905 (28) [Signature] 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.

REMAIN UNIMPAIRED FOR RE-ENTRY. WITH IMPAIRED 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. THIS OFFICE, No. 2, etc., in question 2.