CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only: 8394

(1) PLACE OF BIRTH
County of Lexington
Township of Saluda
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3111 ..... Registered No. 14 .....
(For use of Local Registrar)

(2) Full Name of Child Minnie Alberta
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Feb 21 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Silas W. Amick	(14) NAME BEFORE MARRIAGE Minnie A Smidler
(9) PRESENT POSTOFFICE OF FATHER Chapin	(15) PRESENT POSTOFFICE OF MOTHER Chapin
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 54 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Cybrand Mid
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Chapin S.C.

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed March 28 1922 (28) J. W. Wessinger
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.

MEDAL OF COLUMBIA, COLUMBIA, S. C. — N. B.—In case of Public Bills, No. 1, Public Officers, No. 2, etc., to question 6. — WHEREVER BLANKS ARE PRESENTED, INSERT "NONE" OR "UNKNOWN" — SEE REVERSE SIDE FOR A PERMANENT RECORD, and mail the