

Form No. 1

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Buffalo  
 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  
15422

Registration District No. 2704 Registered No. 73  
 (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

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

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 1934  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8) FULL NAME David M. Minkler

14) NAME BEFORE MARRIAGE Miss Gaskins

9) PRESENT POSTOFFICE OF FATHER Richmond SC 24

15) PRESENT POSTOFFICE OF MOTHER do

10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

12) BIRTHPLACE SC

18) BIRTHPLACE SC

13) OCCUPATION Domestic

19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 4

21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:04 M., on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Lewis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richmond SC 24

Given name added from a supplemental report

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

(27) Filed MAY 1934 (28) 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.

MARCH RESERVED FOR BINDING. WHITE 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.

MICHIGAN, COLUMBIA, S. C.