

(1) PLACE OF BIRTH

County of *Fairfield*Township of *H.*

Inc. Town of

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

40144

Registration District No. *12.5.7*Registered No. *4.1*

(For use of Local Registrar)

(2) Full Name of Child *Minnie Elizabeth Faulkner*

Child is not yet named, make supplemental report as directed

3) BOY OR GIRL *Girl* 4) Twin or Triplet *No* 5) Number in order of birth *1* 6) Are Parents Married *Yes* 7) DATE OF BIRTH *Dec. 27, 1923* (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <i>Edwin Faulkner</i>	14) NAME BEFORE MARRIAGE <i>Olla Bush</i>	10) PRESENT POSTOFFICE OF FATHER <i>Wallaceville S.C.</i>	16) PRESENT POSTOFFICE OF MOTHER <i>Same</i>
10) COLOR OR RACE <i>white</i>	12) AGE AT LAST BIRTHDAY <i>37</i> (Year)	10) COLOR OR RACE <i>white</i>	12) AGE AT LAST BIRTHDAY <i>44</i> (Year)
12) BIRTHPLACE <i>N.C.</i>	14) OCCUPATION <i>Lumberman</i>	12) BIRTHPLACE <i>N.C.</i>	14) OCCUPATION <i>Housewife</i>
14) Number of children born to mother, including present birth <i>9</i>	16) Number of children of this mother now living, including present birth <i>9</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *born alive* at *5:45 A.M.* on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(21) (Signature) *Amos C. Ector, M.D.*

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife *Bookman, S.C.*

Given name added from a supplemental report

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

(25) Filed *Dec. 31, 1923* (26) *E. H. Dritz* 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.

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