

(1) PLACE OF BIRTH

County of *Fairfield*
Township of *H.*
OF
Inc. Town of
OF
City of (No. St.; Ward)

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* (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3) BOY OR GIRL *Girl* (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *ye* (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 Beck</i>	9) PRESENT POSTOFFICE OF FATHER <i>Waldenville S.C.</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Same</i>
10) COLOR OR RACE <i>white</i>	11) AGE AT LAST BIRTHDAY <i>37</i>	16) COLOR OR RACE <i>white</i>	17) AGE AT LAST BIRTHDAY <i>44</i>
12) BIRTHPLACE <i>W.C.</i>	13) OCCUPATION <i>Lumberman</i>	18) BIRTHPLACE <i>W.C.</i>	19) OCCUPATION <i>Housewife</i>
20) Number of children born to mother, including present birth <i>9</i>	21) Number of children of this mother now living, including present birth <i>9</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *574 1/2 Ave.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *Amos C. Ector, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Bookman St.*

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Dec. 31, 1923* (28) *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.

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.