

(1) PLACE OF BIRTH

County of Dorchester
 Township of Roger
 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

3701

Registration District No. 17A Registered No. 9
 (For use of Local Registrar)

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

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

(3) SEX OR CHILD Female (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 20th 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Judson Gant Jr
 (9) PRESENT POSTOFFICE OF FATHER Reverville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Ellise Walker
 (15) PRESENT POSTOFFICE OF MOTHER Reverville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Lee Willer
 (24) State whether Physician or Midwife Midwife (Address of Physician or Midwife) Reverville S.C.

Given name added from a supplemental report

(25) Witness E. Q. Eberhardt
 (Signature of Witness necessary only when question 23 is signed by mother)

(26) Feb 24th 1923 (27) E. Q. Eberhardt 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.

MADE PUBLICLY. WITH UNPAID INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.