

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Bethel

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
75201

Registration District No. 4400 Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child Esther Mink

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>0</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>0</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Samuel Mink

(14) NAME BEFORE MARRIAGE Emma L. Ferguson

(9) PRESENT POSTOFFICE OF FATHER Calaw St. R # 3

(15) PRESENT POSTOFFICE OF MOTHER Calaw St. R # 3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE York Co

(18) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. J. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Calaw St

Given name added from a supplemental report

Jan 18, 1911
Dr. M. B. Woodward
Registrar

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

(27) Filed Aug 14, 1916 (28) T. A. Quinn
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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.