

(1) PLACE OF BIRTH

County of Richland
 Township of Richland
 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

19109

Registration District No. 2701 Registered No. 116
 (For use of Local Registrar)

(City of..... (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 Lillie Jones If 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 June 22
 (Name of Month) (Day) (Year)

FATHER.

8* FULL NAME Minick Scott9) PRESENT POSTOFFICE OF FATHER Helgo SC10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22
 (Years)12) BIRTHPLACE SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Native Nell Brown(15) PRESENT POSTOFFICE OF MOTHER Helgo SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17
 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including a 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 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Helgo SC

Given name added from a supplemental report

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

(27) Filed June 22 1910 (28) R. H. McLean 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.