

Form No. 3

(1) PLACE OF BIRTH

County of Laurens

Township of

or

Inc. Town of

or

City of Laurens

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

(2) Full Name of Child

Frank Minnifield

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF BIRTH

Sept 14, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Frank Minnifield

9) PRESENT POSTOFFICE OF FATHER

Laurens S.C.

10) COLOR OR RACE

Colored11) AGE AT LAST BIRTHDAY.....25 (Years)

12) BIRTHPLACE

Laurens S.C.

13) OCCUPATION

work at factory

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

1 3

MOTHER.

14) NAME BEFORE MARRIAGE

Lezzie Richardson

15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C.

16) COLOR OR RACE

Colored17) AGE AT LAST BIRTHDAY.....23 (Years)

18) BIRTHPLACE

Laurens S.C.

19) OCCUPATION

cook

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born, S. C. at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jennie Chapple(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens S.C. & Post 25

Given name added from a supplemental report

(26) Witness Matie Hails Fair (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Aug 10/7.22 (28) C. Kennedy 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.

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.
McGraw-Hill, Columbia, S. C.