

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.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Florence
 Township of North
 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.)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23, 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. L. Minus
 (9) PRESENT POSTOFFICE OF FATHER Cowards, SC #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE Florence Co., SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Marytie Cauden
 (15) PRESENT POSTOFFICE OF MOTHER Cowards, SC #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Do Carl
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:45 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ann Cauden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cowards, SC #2

Given name added from a supplemental report

(26) Witness A. B. Hellyer

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

(27) Filed 10/28 19 22

(28)

A. B. Hellyer

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.