

Form No. 1

(1) PLACE OF BIRTH

County of McCormickTownship of Plum Branchor
Inc. Town ofor
City of

(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

Registration District No. 4.503Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Carl Edward Miner If child is not yet named, make supplemental report as directed

| | | | | |
|-------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 3, 22</u> (Name of Month) (Day) (Year) |
|-------------------------------|---|------------------------------|--|--|

FATHER.

(8) FULL NAME Mr Rufus Miner(9) PRESENT POSTOFFICE OF FATHER Plum Branch(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE Wheeler Co. A.C.(13) OCCUPATION Merchant + Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Mand Hogg(15) PRESENT POSTOFFICE OF MOTHER Plum Branch(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Edgfield Co. A.C.(19) OCCUPATION Housewife(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 9:50 M.
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) R. M. Freeman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Y. B. Adams

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 8, 22 (28) Y. B. Adams
Registrar 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.

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.