

## (1) PLACE OF BIRTH

County of Hampden  
 Township of Logan  
 or  
 Inc. Town of Scotia  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

42015

Registration District No. 1401Registered No. 118  
(For use of Local Registrar)

(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 John Wesley Minton

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 21 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Minton  
 (9) PRESENT POSTOFFICE OF FATHER Scotia  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Renger Minton  
 (15) PRESENT POSTOFFICE OF MOTHER Scotia  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Clarence Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Scotia, SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/21 22 (28) C. Rushing 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.

W. P. Ellis L R