

(1) PLACE OF BIRTH

County of

Saluda

Township of

No. 1

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

50343

Registration District No.

3900-B

Registered No. 11

(For use of Local Registrar)

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

(2) Full Name of Child William Glenist Minick

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

(3) BOY OR GIRL?

boy

(4) Twin or triplet?

(5) Number in order of birth

3

(6) Are Parents Married?

(7) DATE OF BIRTH

27, 1916

(Name of Month) Day (Year)

FATHER Gilbert

(8) FULL NAME

Jeffrey Minick

(9) PRESENT POSTOFFICE OF FATHER

Saluda SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Saluda SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

3

MOTHER

(15) NAME BEFORE MARRIAGE

Ethel Mae Calk

(16) PRESENT POSTOFFICE OF MOTHER

Saluda

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

22 (Years)

(19) BIRTHPLACE

Saluda

(20) OCCUPATION

Housewife

(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 alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ann Minick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Saluda, S.C.

Given name added from a supplemental report

See affidavit

5/7/16 J. G. R.

Registrar

(26) Witness

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

(27) Filed May 7, 1916.

(28)

Geo. T. Esteridge

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.

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.

State of Columbia