

(1) PLACE OF BIRTH

County of *Barnwell*Township of *Bayford Bridge*

or

Inc. Town of.....

or

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

File No.—For State Registrar Only

40934

Registration District No. *401*Registered No. *142*
(For use of Local Registrar)(2) Full Name of Child *Albert Minnison*

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

(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?

(7) DATE OF

BIRTH *Dec. 1, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mose Minnison

(9) PRESENT POSTOFFICE OF FATHER

Olax Se

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY.....*28*.....
(Years)

(12) BIRTHPLACE

Govan Se

(13) OCCUPATION

farm work

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Millie Odom

(15) PRESENT POSTOFFICE OF MOTHER

Olax Se

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY.....*27*.....
(Years)

(18) BIRTHPLACE

Govan Se

(19) OCCUPATION

farm work

(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 *4 P.*..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Hattie Stewart*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*midwife**Olax Se*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 1, 1923*(28) *J. E. Bennett*(29) *J. E. Bennett*

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.

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