

## (1) PLACE OF BIRTH

County of Aiken

Township of .....

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.)

(2) Full Name of Child Jenord MidnerFile No.—For State Registrar Only  
**58363**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 215 Registered No. 21

(For use of Local Registrar)

(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH April 25 1916  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets.

## MOTHER.

## FATHER.

(8) FULL  
NAME Luther Midner(14) NAME BEFORE  
MARRIAGE Bell Boyd(9) PRESENT  
POSTOFFICE  
OF FATHER Windsor(15) PRESENT  
POSTOFFICE  
OF MOTHER Windsor(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 30  
(Years)(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 28  
(Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to  
mother, including present birth 4(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 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Hancy Midner, S.C.(24) State whether Physician or Midwife Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mother)(27) Filed May 24 1916(28) O. L. Weeks

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.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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