

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

McCaw, of Columbia.

IV. B.

(1) PLACE OF BIRTH
County of LEXINGTON,
Township of LEXINGTON,....

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
78076

Inc. Town of Registration District No. 3108 Registered No. 22
or
or (For use of Local Registrar)
City of (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 Helen Elizabeth Wingerd. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 7, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Elmer Eugene Mingard.

(9) PRESENT POSTOFFICE OF FATHER *Lexington, S.C.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Lexington, S.C.

(13) OCCUPATION *Rural Mail Carrier*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Ann, at 10 5 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(2S)

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.

Registrar

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