

FORM NO. 3
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 8.

M. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Barnwell
Township of Lycamore
or
Inc. Town of R.F.D.
City of _____ (No. _____ St.; _____ Ward)
(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

58739

Registration District No. 572 Registered No. 75
(For use of Local Registrar)

(2) Full Name of Child Nellie Jane Minion

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 _____ (6) Are Parents Married? _____ (7) DATE OF BIRTH 4 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. Miles Minion
(9) PRESENT POSTOFFICE OF FATHER Barnwell R.F.D. S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Lycamore Co. Barnwell Co. S.C.
(13) OCCUPATION Farmhand
(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE M. Jane Hunt
(15) PRESENT POSTOFFICE OF MOTHER Barnwell R.F.D. S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 A.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. George M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Danbury, S.C.

Given name added from a supplemental report

191
Registrar

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

(27) Filed 191 (28) 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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