

Form No. 3

(1) PLACE OF BIRTH

County of Bamberg  
 Township of Ruford Bridge  
 or  
 Inc. Town of Clas Se  
 or  
 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  
**280**

(2) Full Name of Child Alice Minnons

Registered No. 11.....  
 (For use of Local Registrar)

(3) BOY OR GIRL girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Robert Minnons  
 (9) PRESENT POSTOFFICE OF FATHER Clas Se  
 (10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Bamberg Co  
 (13) OCCUPATION farming  
 (20) Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Charlie Brant  
 (15) PRESENT POSTOFFICE OF MOTHER Clas Se  
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Bamberg Co  
 (19) OCCUPATION farm laborer  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hansen Matheson  
 (24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clas Se

Given name added from a supplemental report

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 12 1923 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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