

(1) PLACE OF BIRTH

County of allendaleTownship of Cypress

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

6349

Registration District No. 4603Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Sadie Elizabeth Mynick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Mar 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank J Mynick(9) PRESENT POSTOFFICE OF FATHER ulmer(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Barnwell Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Luciel Tripleton(15) PRESENT POSTOFFICE OF MOTHER ulmer(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Barnberg(19) OCCUPATION Housekeeping(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 alive at 7:30 P. M., on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Cadle(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife ulmer

Given name added from a supplemental report

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

(27) Filed Mar 20 1922 (28) J. C. May Jr. 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.