

(1) PLACE OF BIRTH

County of UnionTownship of SenecaInc. Town of SenecaCity of Seneca(2) Full Name of Child Louis Minner Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 20, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Heart Minner</u>	(14) NAME BEFORE MARRIAGE	<u>Ella Peak</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Seneca</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Seneca</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>32</u>	(17) AGE AT LAST BIRTHDAY	<u>15</u>
(12) BIRTHPLACE	<u>Union</u>	(18) BIRTHPLACE	<u>Spoutainburg</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House Keeper</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Seneca (Hour A. M. or P. M.) 9 A. M. on the date above stated.

(23) (Signature) Dr. G. F. Marshall

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (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.

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 5.

McCaw, of Columbia