

## (1) PLACE OF BIRTH

County of Willon  
 Township of .....  
 or  
 Inc. Town of Willon  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

29914

Registration District No. 16-ARegistered No. 36

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Frank Minnie

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

9/2/22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Harry Minnie

(9) PRESENT POSTOFFICE OF FATHER

Willon S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Marion Co

(13) OCCUPATION

Public work

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary McNeal

(15) PRESENT POSTOFFICE OF MOTHER

Willon S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Willon S.C.

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ..... 3 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jane Hagen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Willon

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/4

1922

(28)

B. Williams  
Local Registrar

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.