# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39502

(1) PLACE OF BIRTH
County of Newberry
Township of Mason
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.)

Registration District No. 3407 Registered No. 56
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Lucille Mingo (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: 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: May 13, 1922 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME: Claud Mingo
(9) PRESENT POSTOFFICE OF FATHER: Chappells S.C. Rt 1
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Newberry Co. S.C.
(13) OCCUPATION: Farm Hand
(20) Number of children born to mother, including present birth: 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE: Minnie Brown
(15) PRESENT POSTOFFICE OF MOTHER: Chappells S.C. Rt 1
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY: 18 (Years)
(18) BIRTHPLACE: Newberry Co. S.C.
(19) OCCUPATION: Farm Hand
(21) Number of children of this mother now living, including present birth: 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.***

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

(23) (Signature) Bessie Mae Green
(24) State whether Physician or Midwife: Midwife — Address of Physician or Midwife: Chappells S.C. Rt 1.

Given name added from a supplemental report
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..... 19 ....
Registrar

(26) Witness H. D. Hollingsworth
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-13 1922 (28) R. M. Boozer
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.