

(1) PLACE OF BIRTH

County of *Williamsburg*Township of *1st*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4301* Registered No. *75*

File No. — For State Registrar Only

22849

(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 *Minnie Mauley Borden* If child is not yet named, make supplemental report as directed(3) SEX *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *July 5 23*

FATHER. MOTHER.

(8) FULL NAME *Minnie Mauley Borden* (14) NAME BEFORE MARRIAGE *Bessie Caskey*(9) PRESENT POSTOFFICE OF FATHER *Dead* (15) PRESENT POSTOFFICE OF MOTHER *Greenville SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33*(12) BIRTHPLACE *SC* (18) BIRTHPLACE *SC*(13) OCCUPATION *Farmer* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *5* (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 P.* M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *W. G. Smith* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Kingstree SC*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed *July 8 23* (28) *W. Blackwell* 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.