

Form No. 1

(1) PLACE OF BIRTH

County of *Darlington*Township of *Midway*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1. - For State Registrar Only

2888

Registration District No. *49.3* ... Registered No. *1* ...

(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 *Jamie Mingo* If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD <i>Boy</i>	(2) Type or Triple	(3) Number in order of birth	(4) Age of Child	(5) DATE OF BIRTH <i>2/1</i> to <i>23</i>
(To be entered only in case of Triple or Triplets)				

FATHER.		MOTHER.	
(6) FULL NAME		(10) NAME BEFORE MARRIAGE <i>Bessie Mingo</i>	
(7) PRESENT RESIDENCE OF FATHER		(11) PRESENT RESIDENCE OF MOTHER <i>Darlington SC</i>	
(8) COLOR OR RACE	(9) AGE AT LAST BIRTHDAY	(12) COLOR OR RACE <i>col</i>	(13) AGE AT LAST BIRTHDAY <i>18</i>
(14) BIRTHPLACE		(16) BIRTHPLACE <i>Darlington SC</i>	
(15) OCCUPATION		(17) OCCUPATION <i>farmer</i>	
(18) Number of children born to mother, including present birth		(19) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) *born alive*(21) (Signature) *Anna Samuels*

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 20 is signed by mark)

When filed, give date of filing and name of filer