

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of MidlandCity of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17245

Registration District No. 120 7... Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Minerva Hearnings

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet one(5) Number in order of birth one(6) Are Parents Married yes(7) DATE OF BIRTH June 2 1923

FATHER.

(8) FULL NAME Bush F. Hearnings(9) PRESENT POSTOFFICE OF FATHER Midland S.C.(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 44(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hearnings(15) PRESENT POSTOFFICE OF MOTHER Midland S.C.(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 42(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Farmers Wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza F. Hearnings(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Midland S.C.

Given name added from a supplemental report

(26) Witness Frances Hearnings

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

(27) Filed June 10 1923(28) Eliza F. Hearnings

Local Registrar

*When there was no attending physician or midwife, then the father, grandfather, 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.