

FORM NO. 4  
 MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 M. McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Beaufort  
 Township of Blackville  
 or  
 Inc. Town of Blackville  
 or  
 City of Blackville

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**63136**

Registration District No. 5-A Registered No. 9  
 (For use of Local Registrar)  
 St.: \_\_\_\_\_ Ward: \_\_\_\_\_  
 (If birth occurs in a hospital, or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eleonora Minstein } If child is not yet named, make supplemental report as directed

(3) girl  **BOR OR GIRL?** (4) Single  **Twins or Triplets?** (5) 1 **Number in order of birth**  
To be answered only in case of twins or triplets. (6) Yes  **Are Parents Married?** (7) DATE OF BIRTH June 13 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Albert V. Minstein  
 (9) PRESENT POSTOFFICE OF FATHER Blackville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Geneva, New York  
 (13) OCCUPATION Lawyer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Fluora May Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Blackville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE High Point, N.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Brown  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blackville, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 30 1916 (25) E. S. Hammond 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.  
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