

## (1) PLACE OF BIRTH

County of *Clemmons*  
Township of *Big*  
or  
Inc. Town of .....  
or  
City of *Clemmons*  
(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 Register Only

22055

Registration District No. *76A*Registered No. *119*  
(For use of Local Registrar)St. *Big* ..... Ward

(Name of street and number)

If child is not yet named, make

supplemental report as directed

## (2) Full Name of Child

(D) BOY OR  
GIRL?(E) Twin  
or Triple(F) Number in  
order of birth  
To be answered only in event of Twins or Triples(G) Sex  
Mother(H) DATE OF  
BIRTH: *July 1*  
(Name of Month) (Day) (Year)

## MOTHER.

(I) NAME BEFORE  
MARRIAGE*Wilhelmina Minos*(J) PRESENT  
POSTOFFICE  
OF MOTHER*Big BE*(K) COLOR  
OR  
RACE*Negro*

(L) BIRTHPLACE

*Greenville SC*

(M) OCCUPATION

*Homemaker*(N) Number of children born to  
mother, including present birth*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(P) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.*Alive* ..... at *12:15 P.M.*  
(Born Alive or Stillborn) (Hour-Awake or P.M.)

(Q) (Signature)

(R) State whether Physician or Midwife

(S) Address of Physician or Midwife

*Orby BE*Given name added from a supplement-  
al report

(T) WHOM

(Signature of Witness necessary only  
when question 23 is signed by mark)(U) M.D. *July 24* ..... (V) *W.H. Gaskins*  
Local RegistrarWhen 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.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.