

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74734

Registration District No.

4001

Registered No.

86

(For use of Local Registrar)

St.; Ward)

(No.)

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

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

(2) Full Name of Child.

Minda Morris

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

9

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 14

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. O. Lawrence

(9) PRESENT POSTOFFICE OF FATHER

Cummings

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

I. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

9

(14) NAME BEFORE MARRIAGE

Minda Morris

(15) PRESENT POSTOFFICE OF MOTHER

Cummings

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Apt 9 Co

(19) OCCUPATION

Domestic

(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 P. M., (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

J. B. Wilson

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

Ruby M. 1917

C. W. Miller

Registrar

(26) Witness

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

(27) Filed

Aug 24 1916

(28)

A. G. Burdette

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.