

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3131

Registration District No.

Registered No.

(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

(3) BOY OR GIRL?

girl

Twin or Triplet?

(5) Number in order of birth

(6) Age of Parents

Married?

(7) DATE OF BIRTH

Feb 6 1912

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME

Arthur Minnison

(9) PRESENT POSTOFFICE OF FATHER

Govan Se

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Govan Se

(13) OCCUPATION

farming

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

8

MOTHER:

(14) NAME BEFORE MARRIAGE

Gurline Ford

(15) PRESENT POSTOFFICE OF MOTHER

Govan Se

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Govan Se

(19) OCCUPATION

farming

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & a at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M or P.M.)

(23) (Signature)

Lena Mount

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Govan Se

Given name added from a supplemental report

L.A.R.

affidavit 1/14/12

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by male)

(27) Filed

Feb 15 1912

(28)

J. E. Bennett

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a 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.