

Form No. 1

(1) PLACE OF BIRTH

County of Leflore

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
21749Registration District No. 3008 Registered No. 31
(For use of Local Registrar)(No. 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 Minerva If child is not yet named, make supplemental report as directed(1) SEX Female (2) Twin or Triplet 2 (3) Number in order of birth 2 (4) Are Parents Married Yes (5) DATE OF BIRTH July 17, 23
(Name of month) (Day) (Year)

FATHER: MOTHER:

(6) FULL NAME Fred Cammy (14) NAME BEFORE MARRIAGE Beckey James(7) PRESENT POSTOFFICE OF FATHER Hartsville SC R2 (15) PRESENT POSTOFFICE OF MOTHER Hartsville SC R2(8) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Year) (Year)(9) BIRTHPLACE SC (18) BIRTHPLACE SC(10) OCCUPATION Farm Hand (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 a.m. on the date above stated. (Signature of stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Physician Bishopville SC

Given name added from a supplemental report

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

(27) Filed Aug 1, 23 (28) R. M. Amiel Local Registrar

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