

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

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

(2) Full Name of Child

Minnie Elizabeth Birt(3) BOY OR GIRL
GIRL?(4) Twin
or Triplet?Twin(5) Number in
order of birthI(6) Are
Parents
Married?Yes(7) DATE
BIRTHDec. 17 '13.
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWilliam Rexie Birt.(9) PRESENT
POSTOFFICE
OF FATHERColumbia, S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY(25)

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Printer.(14) Number of children born to
mother, including present birthThree

MOTHER.

(14) NAME BEFORE
MARRIAGEJennie Pearl Joyner(15) PRESENT
POSTOFFICE
OF MOTHERColumbia, S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY(24)

(18) BIRTHPLACE

Orangeburg Co.

(19) OCCUPATION

House-wife.(20) Number of children of this mother
now living, including present birthTwo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at I. 30 AM. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. H. DuBois

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report191

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec. 17, 1913

(28)

William R. Birt
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.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.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

91475Registration District No. 38-aRegistered No. 369

(For use of Local Registrar)

(No. 3209 Fifth Ave.

St.; Ward)

(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