

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85995

County of Hampton
Township of Beaufort
or
Inc. Town of
City of (No. St.; Ward)

Registration District No. 2407 Registered No. 748
(For use of Local Registrar)

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

(2) Full Name of Child Alma Minus
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Oct 3 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Gouverneur James
(9) PRESENT POSTOFFICE OF FATHER Hampton SC
(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Laborer

MOTHER.
(14) NAME BEFORE MARRIAGE Alma Minus
(15) PRESENT POSTOFFICE OF MOTHER Hampton SC
(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Hampton SC
(19) OCCUPATION House & Field work

(20) Number of children born to mother, including present birth 1
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Mollie Rod (24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report
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..... 19 .. Registrar
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Nov 13 1916 (28) H. Rogers Local Registrar

*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.

MAILED
N. E.—If child is not yet named, make supplemental report as directed
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCCAW OF COLUMBIA, S. C.