

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

N. B.—In case of T. W. R. I. T.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenwood STATE OF SOUTH CAROLINA.

Township of Proctor Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13145
62

Inc. Town of Registration District No. 2011 Registered No. 02
(For use of Local Registrar)
City of (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 Cecile Minor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 12 1966</i> (Name of Month) (Day) (Year)
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FATHER.	
(8) FULL NAME	J. D. Minor
(9) PRESENT POSTOFFICE OF FATHER	Callison Mo.
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 57 (Years)
(12) BIRTHPLACE	Abbeville Co Mo.
(13) OCCUPATION	Farmer
(20) Number of children born to mother, including present birth	Ten. (10)

MOTHER.

(14) NAME BEFORE MARRIAGE *Cornelia Horn*

(15) PRESENT POSTOFFICE OF MOTHER *Ballison S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *50* (Years)

(18) BIRTHPLACE *Kirksey S.C.*

(19) OCCUPATION *House Wife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born at 74 M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *[Signature]*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 19 1971 (28) J. Edgar Hoover
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.

Registrär 1

Local Registrar

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