

(1) PLACE OF BIRTH

County of AikenTownship of Breaggoor
inc. Town ofCity of Graniteville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62

Registration District No. 204Registered No. 2
(For use of Local Registrar)

2) Full Name of Child

Bessie Minns

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(to be entered only in case of twins or triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 16 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Lee Naire Minns

(9) PRESENT POSTOFFICE OF FATHER

Graniteville

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

farmer

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Carrice Minns

(15) PRESENT POSTOFFICE OF MOTHER

Graniteville S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

House wife

(20) 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 2 o'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. Duke, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGraniteville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 16 1923H. P. Turnbull, S.C., M.D.
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.

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FORM NO. 1. MARGIN RESERVED FOR RETURN TO BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. It is made out of every one of the children born in this State, and it is the only record of the child's birth that is kept.

S. C. Board of Health, Columbia, S. C.