

(1) PLACE OF BIRTH

County of Spokane
 Township of Campbells
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16698

Registration District No 40018 Registered No. 16
 (For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Minnie Capeland 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 (6) Are Parents Married? no (7) DATE OF BIRTH May 16 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Martin Capeland

(15) PRESENT POSTOFFICE OF MOTHER Campbells Rt # 1

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION work on farm

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martin Kines (24) State whether Physician or Midwife Midwife (25) Address of Physl. or Midwife Campbells Rt # 11

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

(27) Filed (28) Ben F. Bishop Local Registrar

Given name added from a supplemental report

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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.