

(1) PLACE OF BIRTH

County of Anderson

Township of "

or Inc. Town of "

or City of "

(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
71186

Registration District No. 3A Registered No. 285-
(For use of Local Registrar)

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

(3) ~~BOY OR GIRL?~~ (4) ~~Twin or triplet?~~ (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Aug. 6, 1916
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lester Minger

(14) NAME BEFORE MARRIAGE Eva Minger

(9) PRESENT POSTOFFICE OF FATHER Anderson

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION mill

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:20 P. M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) J. B. Minger (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)

(27) Filled 1916 (28) J. B. Minger 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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MARGIN RESERVED FOR BINDING. PLEASE WRITE UNLINED. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANK CARDS, AND MARK IN FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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