

(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.

2835

(For use of Local Registrar)

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

(2) Full Name of Child

Lester Mingers

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

FATHER.

(8) FULL
NAME

Lester Mingers

(9) PRESENT
POSTOFFICE
OF FATHER

Anderson

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill

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

One

MOTHER.

(14) NAME BEFORE
MARRIAGE

E. Mingers

(15) PRESENT
POSTOFFICE
OF MOTHER

Anderson

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 22⁰ 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) J. B. Mingers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

191....

Registrar

(26) Witness

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

(27) Filed

191....

(28)

J. B. Mingers
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.

MAINLY, WITH UNREADING THE THIS IS A PERMANENT RECORD. 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 5.

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