

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

County of Clark  
Township of Freemont  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Atlanta  
(If birth occurs in a hospital)

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

50867

Inc. Town of ..... Registration District No. .... Registered No. 131  
or ..... (For use of Local Registrar)  
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 Mr. W. B. Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>11/01/12</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Walter H. Miller</i>	(14) NAME BEFORE MARRIAGE <i>Rosa Brown</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>W. H. Miller &amp;</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>W. H. Miller &amp;</i>	(16) COLOR OR RACE <i>White</i>		(17) AGE AT LAST BIRTHDAY <i>20</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>20</i>		(18) BIRTHPLACE <i>Chk Co. S.C.</i>	
(12) BIRTHPLACE <i>Chk Co. S.C.</i>	(19) OCCUPATION <i>Farmer</i>		(20) Number of children born to mother, including present birth <i>2</i>	
(13) OCCUPATION <i>Farmer</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was born alive, at San Francisco, California, on the date above stated.

(23) (Signature) Harry Brownlee  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1/2 1st St. S. E. Wash. D. C.

Given name added from a supplement-  
tal report

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

(27) Filed 7/18/14 154 (28) C. A. [Signature] 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.