

(1) PLACE OF BIRTH

County of FluorenceTownship of Leeor
Inc. Town ofor
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
49.66

Registration District No. 2028 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child "Not Named" 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 29, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ralph H. Miles
 (9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Minister of Gospel
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Linnie May Mathews
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Fluorence Co
 (19) OCCUPATION Housewife
 (21) 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 1:30 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Whitehead
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 8/8 1916 (28) R. L. Carter 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. 20.
 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.