

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76260

(1) PLACE OF BIRTH

County of *Chester*Township of *Halerbroville*or
Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. *1104* Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *Louise Irene Milks* { 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 *2* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *9 17 1916*
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME *John C Milks*(9) PRESENT POSTOFFICE OF FATHER *Leeds S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29*
(Years)(12) BIRTHPLACE *Chester Co*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ora Allan*(15) PRESENT POSTOFFICE OF MOTHER *Leeds S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE *Chester Co*(19) OCCUPATION *House Wife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 P.* M.,
on the date above stated. (For alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Glenn Love*

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

*Physician**Chester 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 *9/27 1916* (28) *N. T. McDaniel*
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Saw. of Columbia.