

(1) PLACE OF BIRTH

County of Union  
Township of Union  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No. 30487 for State Registrar Only

Registration District No. 4302 Registered No. H. J.  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Sept 2 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Miller  
(9) PRESENT POSTOFFICE OF FATHER Union  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
(Year) (12) BIRTHPLACE Union, S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Brown  
(15) PRESENT POSTOFFICE OF MOTHER Union  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(Year) (18) BIRTHPLACE Union, S. C.  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(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) Filed Sept 10 1923 (28) S. C. Registrar 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.