

## (1) PLACE OF BIRTH

County of OrlyTownship of Johns

OR

Inc. Town of Johns

OR

City of Leona

(If birth occurs in a hospital of 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

5374

Registration District No. 3619 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Laura Millhouse (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  
To be answered only in event of Twins or Triplets(6) Are Parents Married Yes(7) DATE OF BIRTH July 31, 22  
(Name of Month) (Day) (Year)(8) FATHER. FULL NAME George G. Millhouse(9) PRESENT POSTOFFICE OF FATHER Orly 30 SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Orly 30 SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2(14) MOTHER. NAME BEFORE MARRIAGE Odell Ruth(15) PRESENT POSTOFFICE OF MOTHER Orly 30 SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Orly 30 SC(19) OCCUPATION Teacher(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 1 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deela Kennerly(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orly 30 SC

Given name added from a supplemental report

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

(27) Filed Feb-27-22 (28) W. Hamilton Dukes  
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.