

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Joseph Columbus Miller

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

B.

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 18 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Edward Miller

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Union S. C.

(13) OCCUPATION

R.R. Flagman.

(14) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Katie Reagin

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Newberry, S.C.

(19) OCCUPATION

H. W.

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. Williams

(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

July 17 1923(28) C. J. Egan(29) Register

*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.

Before the fifth month of pregnancy.