

9/6/23

(1) PLACE OF BIRTH
 County of Charleston
 Township of Alhambra
 Inc. Town of Alhambra
 City of Alhambra (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
17183

Registration District No. 43 Registered No. 43
 (For use of Local Registrar)

(2) Full Name of Child Gasper R. Mills (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 2, 23</u> (Month of Month) (Day) (Year)
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<p style="text-align: center;">FATHER</p> <p>(8) FULL NAME <u>Chas Mills</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Midland</u></p> <p>(10) COLOR OR RACE <u>Che</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)</p> <p>(12) BIRTHPLACE <u>SC</u></p> <p>(13) OCCUPATION <u>Farmer</u></p> <p>(20) Number of children born to mother, including present birth <u>1</u></p>	<p style="text-align: center;">MOTHER</p> <p>(14) NAME BEFORE MARRIAGE <u>Victoria McLaugh</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Midland</u></p> <p>(16) COLOR OR RACE <u>Che</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)</p> <p>(18) BIRTHPLACE <u>SC</u></p> <p>(19) OCCUPATION <u>Farmer</u></p> <p>(21) Number of children of this mother now living, including present birth <u>1</u></p>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:02 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John C. ...

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Midland

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

(27) Filed 19 (28) 19 (29) 19

(30) (Signature of 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 required of stillbirths before the fifth month of pregnancy.