

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

28338

Township of NorthInc. Town of
orRegistration District No. 2012 Registered No. 56
(For use of Local Registrar)City of Greenville (No. 1 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 Thomas Miller If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Married
Married?(7) DATE OF BIRTH 22 22 93
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Thomas Miller(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 44
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(16) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE William Thomas Miller(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 41
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Hotel(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 22 22 93 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) William Thomas Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 1993

(28)

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.

Registrar

(29) Filed 1993

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