

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lowndesville

or

Inc. Town of

or

City of

(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

No. 8988 (For State Registrar Only)Registration District No. Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Charles Miller

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>April 22, 1923</u> (Type of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Charles Miller</u> PRESENT POSTOFFICE OF FATHER <u>SC SC</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Miss Miller</u> PRESENT POSTOFFICE OF MOTHER <u>SC SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(14) BIRTHPLACE <u>SC</u>			(15) BIRTHPLACE <u>SC</u>	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Farmer</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 4.4.23 6.4.23 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) John H. H. H.

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(25) Filed May 10, 1923 (26) John H. H. H. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3.

Bureau of Statistics, Columbia, S. C.