

Form No. 2

(1) PLACE OF BIRTH

County of DorchesterTownship of BurnsInc. Town of Ridgville, S.C.City of (No.)

(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

17468

Registered No. 27  
(For use of Local Registrar)(2) Full Name of Child Anna Lu Miller

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

(3) Sex of Child <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 10 1929</u> (Name of Month) (Day) (Year)
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FATHER			MOTHER		
(8) FULL NAME <u>Daniel Miller</u>	(14) NAME BEFORE MARRIAGE <u>Lucile Ray</u>		(14) NAME BEFORE MARRIAGE <u>Lucile Ray</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgville, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

## 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. (Hour A. M. or P. M.)(23) (Signature) Martina E. E. E.(24) State whether physician or midwife midwife(25) Address of Physician or Midwife Ridgville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered "No")

(27) Date June 15 1929(28) Signature of Registrar W. H. Johnson

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.