

No. 1.

(1) PLACE OF BIRTH

County of *O. H. H. H. H. H.*Township of *O. H. H. H. H. H.*

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

Registration District No. *1306*

File No. - For State Registrar Only

23981

Registered No. *92*
(For use of Local Registrar)(2) Full Name of Child *John Miller*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth *The*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *Aug - 27 25*

(Name of Child) (Day) (Year)

FATHER.

(8) FULL NAME *Jessie Miller*(9) PRESENT POSTOFFICE OF FATHER *Let us mark Se*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *27*

(Years)

(12) BIRTHPLACE *Christburg*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maatha Robinson*(15) PRESENT POSTOFFICE OF MOTHER *Jessieville - Se*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *27*

(Years)

(18) BIRTHPLACE *Christburg*(19) OCCUPATION *A wife*(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
on the date above stated.(Born at) *Christburg*(Hour A. M.) *6*(23) (Signature) *Chas. C. Henderson*(24) State whether Physician or Midwife *Physician*(25) Signature of Physician or Midwife *Chas. C. Henderson*

(Given name added from a supplemental report)

(26) Witness *W. T. Anderson*

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *9/10*

1925

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.