

No. 1.

(1) PLACE OF BIRTH

County of A. H. H. H. H.Township of Christ Church

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

File No.—For State Registrar Only
23981

Registration District No. 1306Registered 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
 (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 Dec 27 25
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Miller</u>	(14) NAME BEFORE MARRIAGE <u>Maetha Robinson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Jet Marsh, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jessieville, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Christ Church</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Christ Church</u>	(19) OCCUPATION <u>Wife</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 at M.
 on the date above stated. (Born at) (Hour A. M.)

(23) (Signature) Chas. W. ...(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness W. T. ...

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

(27) Filed 9/10 1927(28) W. T. ...

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.