

1) PLACE OF BIRTH

County of Greenville
 Township of Lawrence
 or
 Inc. Town of Gaffney
 or
 City of Gaffney, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18038

Registration District No. 1003... Registered No. 82
 (For use of Local Registrar)

(No. Houmrick Mill... Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Miller... (If child is not yet named, make supplemental report as directed)

3) SEX OF CHILD <u>Male</u>	4) Twin or Triplet? To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH (State of Month) (Day) (Year) <u>Dec 30 1922</u>
FATHER.			MOTHER.	
8) FULL NAME <u>Volker Millwood</u>			14) NAME BEFORE MARRIAGE <u>Leone Jarvis</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. RD 8</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. RD 8</u>	
10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>Cherokee Co. Ga.</u>			18) BIRTHPLACE <u>Cherokee Co. Ga.</u>	
13) OCCUPATION <u>Cotton Mill</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born... at 2:30 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
1922	(27) Filed <u>July 16</u> ... 1922. (28) <u>[Signature]</u> 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.

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TWO OF THIS SETS ARE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN. NO 1 THE OTHER. NO 2, 3, 4, IN QUESTION 5.