

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH

County of Saluda
Township of Jacks
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15619

Registration District No. 2903Registered No. 25
(For use of Local Registrar)

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

(2) Full Name of Child Healy Eugene 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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH May 11 1922
(Name of Child) (Day) (Year)

FATHER.

(8) FULL NAME

Dimmit Miller

(9) PRESENT POSTOFFICE OF FATHER

Clinton

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Mason

(15) PRESENT POSTOFFICE OF MOTHER

Clinton

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 25
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

farming

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Manclana Springs

Given name added from a supplemental report

(26) Witness

Senelia Mason

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

(27) Filed

May 15 1922

(28)

Dr. Copeland

Registrar

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.

Registrar Only

Ward)

Ward)

ed, make

directed

22

(Year)

blue

R 4

25

(Year)

30

P.M., or P. M.)

Midwife

C

Registrar

and