

(1) PLACE OF BIRTH

County of BambergTownship of Bambergor Town of BambergCity of Bamberg

(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

No. for State Register Only

12931

Registration District No. 401 Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child

Not named

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

(3) BOY OR GIRL Male (4) Type or Trade — (5) Number in order of birth — (6) Age yo (7) DATE OF BIRTH 4/26/23

FATHER. (8) FULL NAME Geo. A. McMillan(9) PRESENT POSTOFFICE OF FATHER Bamberg, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34(12) BIRTHPLACE Bamberg Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1MOTHER. (14) NAME BEFORE MARRIAGE Annie May Kears(15) PRESENT POSTOFFICE OF MOTHER Bamberg, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29(18) BIRTHPLACE Bamberg Co.(19) OCCUPATION Housewife(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 born on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

Give name added from a supplemental report

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

(27) Signed [Signature] 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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