

Form No 1.

(1) **PLACE OF BIRTH**
CERTIFICATE OF BIRTH
 RECORDS OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Capital at Columbia

County of Calhoun
 Township of Amelia
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 800 Registered No. 19
 (For use of Local Registrar)

FILE NO. 48241

(2) Full Name of Child Kennel Milligan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRLY <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(To be answered only in case of twins or triplets)</small>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28 1906</u> <small>(Name of Month, Day, Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Abram Milligan</u>			(14) NAME BEFORE MARRIAGE <u>Mata Perkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Farmer Laborer</u>			(19) OCCUPATION <u>Farmer Laborer</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. (Born alive or stillborn) (Hour, A.M. or P.M.) on the date above stated.

(23) (Signature) James H. Myers

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

(26) Witness A. R. Able
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Feb 28 1906 (28) A. R. Able
 Local Registrar

MARGIN RESERVED FOR BINDING.

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 3.

County of Columbia.

When made under an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born at home, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.