

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of *Spartanburg*

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

91863

Township of *Glenn Springs*

Bureau of Vital Statistics  
State Board of Health

Inc. Town of

Registration District No. *4005* Registered No. *106*

(For use of Local Registrar)

City of

(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 *Matthew Miller*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Dec 21 1916*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Jurman Miller*

(14) NAME BEFORE MARRIAGE *Be sin Miller*

(9) PRESENT POSTOFFICE OF FATHER *Paulina T*

(15) PRESENT POSTOFFICE OF MOTHER *Paulina T*

(10) COLOR OR RACE *Black*

(11) AGE AT LAST BIRTHDAY *38*  
(Years)

(16) COLOR OR RACE *Black*

(17) AGE AT LAST BIRTHDAY *21*  
(Years)

(12) BIRTHPLACE *N.C.*

(18) BIRTHPLACE *N.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *3*

(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* at *11 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *D. H. Smith M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Phys - Glenn Springs*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Dec 21 1916*

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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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.