

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Office of Vital Statistics

State Board of Health

File No. - For State Registrar Only

County of Greenville

Township of Greenville

or

Inc. Town of Greenville

or

City of Greenville

Registration District No. ....

Registered No. 2209a

(For use of Local Registrar)

(No. ....)

(St. ....)

Ward) ....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lee Doris Miller

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

(3) SEX OR

(4) Twin or Triplet

(5) Number in order of birth

Are Parents Married

(7) DATE OF BIRTH

To be covered only in event of Twin or Triplet

Sept 23 1923

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER

Andrew R. Miller

Evansville, Ind.

Evansville, Ind.

White

Ga

Carpenter

7

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(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

MOTHER

Naggin Doris

Evansville, Ind.

Evansville, Ind.

White

Ga

Domestic

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 1 1923

(28)

A. H. Mackay

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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