

## (1) PLACE OF BIRTH

County of WillowTownship of Carmichaelor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42067

Registration District No. 16A1Registered No. 118

(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 Hettie Miller

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

(3) BOY OR GIRL? girl(4) Twin or triplet? X(5) Number in order of birth X

To be answered only in event of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 20, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward W. Miller(9) PRESENT POSTOFFICE OF FATHER Haver S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 53

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Planter(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Burns(15) PRESENT POSTOFFICE OF MOTHER Haver S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 44

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

## 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., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) S.O. Newlee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Willow S.C.

Given name added from a supplemental report

, 191.....

Registrar

(26) Witness

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

(27) Filed Dec 29, 1922

(28)

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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