

## (1) PLACE OF BIRTH

County of *Jackson*Township of *Jackson*

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

41375

Registration District No. *2908*Registered No. *77*

(For use of Local Registrar)

St. .... Ward)

2) Full Name of Child *Miller, Massie*

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

(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? *1*(5) Number in order of birth *1*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 11, 1909*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Sam Massie*(9) PRESENT POSTOFFICE OF FATHER *Groes Court St*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *Jackson*(13) OCCUPATION *farming*(14) Number of children born to mother, including present birth *6*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Tiddie Gaudin*(16) PRESENT POSTOFFICE OF MOTHER *Groes Court St*(17) COLOR OR RACE *Negro*(18) AGE AT LAST BIRTHDAY *32* (Years)(19) BIRTHPLACE *Jackson S.C.*(20) OCCUPATION *farming*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born live* (Born alive or stillborn) (Near A. M. or P. M.) on the date above stated.(23) (Signature) *Wm. L. Gaudin*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Jackson*

(Given name added from a supplemental report)

(26) Witness *Wm. L. Gaudin*

(Signature of Witness when question 23 is signed)

(27) Filed *Feb 13, 1909*

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.