

TRIPLETS use a SEP-10-1916 form, No. 1. THE OTHER FORMS are for EACH CHILD, and question 2.

(1) PLACE OF BIRTH

County of *Charlotte*
Township of *1st 2nd 3rd 4th 5th 6th*
OF
Inc. Town of.....
OF
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3395

Registration District No. *1107*

Registered No. *4*
(For use of Local Registrar)

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

(2) Full Name of Child *Masa Bell*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *17 17 23*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Geo Miller*
(9) PRESENT POSTOFFICE OF FATHER *1st 100th St*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *23*
(12) BIRTHPLACE *Chapel Hill NC*
(13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Nicola Neely*
(15) PRESENT POSTOFFICE OF MOTHER *1st 100th St*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *18*
(18) BIRTHPLACE *Chapel Hill NC*
(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *1 0 1 4*

(21) Number of children of this mother now living, including present birth *1 0 1 4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *10 9* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *M. Miller* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *100th St*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *12/23/11* (28) *M. Miller* 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.