

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Midlandor  
Inc. Town of .....or  
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

65878

Registration District No. 3620 Registered No. 661

(For use of Local Registrar)

(2) Full Name of Child Orville Miller If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (2) Twin Yes or Triplet? (3) Number in order of birth 1 (4) Are Married Parents Married? (5) DATE OF BIRTH Jan 28 1906 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Miller(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Orangeburg SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie McKelley(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Orangeburg SC(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Richard Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midland Orangeburg SC

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 July 1 1911 (28) W. H. Dukes 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.

SEVEN IN REPLY TO THE INQUIRY.  
 WHEN IN REPLY TO THE INQUIRY, THIS IS A PERMANENT RECORD.  
 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 3.