

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

50712

County of Williamsburg

Township of *Ming. #9*

Inc. ^{or} Town of

City of

(If birth occurs in a hospital & ...)

Registration District No. 11307 Registered No. 4
(For use of Local Registrar)

St. _____ Would

(No. other institution, give name of same instead of street and number.)

2 Full Name of Child, Virginia A. Altman... .. } supplemental report as directed

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet? ~~NO~~

(5) Number in order of birth

(8) Are
Parents
Married? *Yes*

(7) DATE OF BIRTH June 29 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eda Allman

(9) PRESENT
POSTOFFICE *Marionville, Mo.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE *As per 15.*

(13) OCCUPATION *Farming*

(14) NAME BEFORE MARRIAGE Rebecca Barnes

(15) PRESENT POSTOFFICE OF MOTHER Monroeville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 62 (Years)

(13) BIRTHPLACE La Paz.

(19) OCCUPATION *united*

(39) Number of children born to mother including present birth } 8 2

(2r) Number of children of this mother
including present birth }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Adrian at 1:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
L. J. [Signature]

(25) (Signature) Frederick J. Miller (26) Address of Physician or Midwife

(24) State whether Physician or Nurse: Physician

Given name added from a supplemental report

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

342 (52) *G. C. Greer*

*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.