

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester  
Township of Follins  
or  
Inc. Town of X  
City of X

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

No. for State Registrar Only  
**28147**

Registration District No. 1706 Registered No. 18  
(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 Arthur McMillan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married no (7) DATE OF BIRTH Sept 23  
To be answered only in case of Twins or Triplets

FATHER.  
(8) FULL NAME Lin McMillan  
(9) PRESENT POSTOFFICE OF FATHER Bamberg S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 16  
(12) BIRTHPLACE Bamberg S.C.  
(13) OCCUPATION Lumberman  
(14) Number of children born to mother, including present birth one

MOTHER.  
(14) NAME BEFORE MARRIAGE Julia McMillan  
(15) PRESENT POSTOFFICE OF MOTHER Bamberg S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16  
(18) BIRTHPLACE Bamberg S.C.  
(19) OCCUPATION House work  
(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at P. A. M. on the date above stated. (If born alive or stillborn) (If day A. M. or P. M.)

(22) (Signature) Sarah White  
(23) State whether midwife Physician or Midwife (24) Address of Physician or Midwife Crofton S.C.

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(25) Witness .....  
(Signature of Witness necessary only when question 21 is signed by mark)  
(26) Filed Sept 9 1923 (27) B. B. Bayle 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.