

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28147

Registration District No. 1706

Registered No. 18
 (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 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

(Name of Month) (Day) (Year)

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Sarah White(23) State whether Physician or Midwife mid wife(24) Address of Physician or Midwife Erstons S.C.

Given name added from a supplement-
 al report

(25) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(26) Filed Sept 23(27) B. B. Bayle(28) 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 stillborns
 before the fifth month of pregnancy.