

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of Union

or

City of Union

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

(2) Full Name of Child

Paula M. Miller

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

(3) SEX
Girl(4) Twin
or Triplet
To be indicated in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH7/22/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

FATHER.

Henry MillerUnion S.C. RtdCol (11) AGE AT LAST
BIRTHDAY 43
(Years)Union S.C.Farmer1/5

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(16) BIRTHPLACE

(16) OCCUPATION

(21) Number of children of this mother
now living, including present birthLynce HarrisUnion S.C. RtdCol (17) AGE AT LAST
BIRTHDAY 43
(Years)Greenwood S.C.Domestic9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M.,
on the date above stated. (Born alive or stillborn? Hour, M. or P. M.)(23) (Signature) D. H. Montgomery(24) State whether Physician or Midwife Physician Address of Physician or MidwifeGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by male)(27) Filed 10 10 23

(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 stillbirths
before the fifth month of pregnancy.