

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manningor Inc. Town of Manning S.C.

or City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41736

Registered No. 48  
(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 Lee Miller If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Nov 19 20</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Lee Miller Sr.</u>	14) NAME BEFORE MARRIAGE <u>Matthi Szymanski</u>	15) PRESENT POSTOFFICE OF FATHER <u>Manning S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.C.</u>
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
12) BIRTHPLACE <u>Clarendon Co.</u>		18) BIRTHPLACE <u>Clarendon Co.</u>	
13) OCCUPATION <u>Hattie Butler</u>		19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>Three</u>		21) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 7 P.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Manning S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <u>Jan 23</u> (28) <u>White</u> Local Registrar.
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\*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.