

Form No. 1

(1) PLACE OF BIRTH

County of Marion Co. S.C.
 Township of Moody
 of
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

11275

Registration District No. 2204 Registered No. 84
 (For use of Local Registrar)

City of (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 Land Miles

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

(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH Nov 19, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Miles
 (9) PRESENT POSTOFFICE OF FATHER Sellers
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Marion Co. S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Harvey
 (15) PRESENT POSTOFFICE OF MOTHER Sellers S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (Year) (18) BIRTHPLACE Marion Co. S.C.
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy M. Davis
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sellers S.C.

(Given name added from a supplemental report)

(26) Witness Lucy M. Davis
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 13, 23 (28) Carrie Hayes Davis 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.

RECORD OF COLUMN. COLUMN. 8 C
 M. M.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FORM MAIN CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1