

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Saw. of Columbia.

(1) PLACE OF BIRTH.

County of *Lynch*Township of *Boysville*City or Town of *Boysville*City of *Boysville*

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

(2) Full Name of Child *James Loken Milwood*

File No.—For State Registrar Only

74986

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *42 B* Registered No. *49*

(For use of Local Registrar)

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 Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Aug 3, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Nathaniel Horne Milwood*(9) PRESENT POSTOFFICE OF FATHER *Boysville, S.C.*(10) COLOR OR RACE *N*(11) AGE AT LAST BIRTHDAY *25*

(Years)

(12) BIRTHPLACE *Boysville, S.C.*(13) OCCUPATION *Meat, Col. Mill*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma Eugene Wright*(15) PRESENT POSTOFFICE OF MOTHER *Boysville, S.C.*(16) COLOR OR RACE *N*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *Haywood Co., S.C.*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) *4:10 a. m.* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Robert R. Berry, M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician, Union, S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Aug 13, 1916*

(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.