

(1) PLACE OF BIRTH

County of FlorenceTownship of Frenchor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

64350

Registration District No. 2010 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Newton Miles { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Manassah Miles(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)(12) BIRTHPLACE Cowards, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Cissie Cook(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Peace M. Miles(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness E. P. Montgomery

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

(27) Filed June 17 1916 (28) E. P. Montgomery
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.

MARGIN RESERVED FOR BINDING.
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
Craw. of Columbia.