

(1) PLACE OF BIRTH

County of Beaufort

Township of

or
Inc. Town of Hiltonhead

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17648

Registration District No. 602 Registered No. 19

(For use of Local Registrar)

(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 Reginia Miller

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH June 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJoseph Miller(9) PRESENT
POSTOFFICE
OF FATHERHiltonhead, S. C.(10) COLOR
OR
RACE Negro

(11) AGE AT LAST

BIRTHDAY 24
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth3

MOTHER.

(14) NAME BEFORE
MARRIAGERosa Smith(15) PRESENT
POSTOFFICE
OF MOTHERHiltonhead, S. C.(16) COLOR
OR
RACE Negro

(17) AGE AT LAST

BIRTHDAY 20
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farm Laborer(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Whitfield

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hiltonhead, S. C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 3 1922

(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.