

Form No. 1

(1) PLACE OF BIRTH

County of SevierTownship of Daftney CreekInc. Town of Sevier(City of Sevier)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2308

Registration District No. 41166Registered No. _____
(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 Rates Miller

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 9</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lawrence Miller(9) PRESENT POSTOFFICE OF FATHER Sevier, Tenn(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Sevier, Tenn(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Renshaw(15) PRESENT POSTOFFICE OF MOTHER Sevier, Tenn(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Sevier, Tenn(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sevier, Tenn

Given name added from supplemental report:

(26) Witness N. C. Hailley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date March 14, 1914 (28) Local Registrar N. C. Hailley

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child's breathers even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY WITH INK—THIS IS A GOVERNMENT RECORD
N. 1—In case of twins or triplets use separate forms, please fill each birth, and mark the
this statement on 1. THE MATERIAL NO. 2, use in question 6.

BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, SEASONS, 1914