

Form No. 1

(1) PLACE OF BIRTH

County of Willson

Township of Willson

Inc. Town of

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1603

File No. - For State Registrar Only

3633

Registered No. 14

(For use of Local Registrar)

(No. M.; Ward)

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

(2) Full Name of Child

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
To be answered only in case of Twin or Triplet

6) Are Parents Married? Yes

7) DATE OF BIRTH 7 AM
(Month of Birth) (Day) (Year)

FATHER

8) FULL NAME L. D. Miller

9) PRESENT POSTOFFICE OF FATHER Lake View

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Year)

12) BIRTHPLACE Willson county

13) OCCUPATION Farming

14) Number of children born to mother, including present birth three

MOTHER

14) NAME BEFORE MARRIAGE Caroline Church

15) PRESENT POSTOFFICE OF MOTHER Lake View

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Year)

18) BIRTHPLACE Willson county

19) OCCUPATION House Keeping

20) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was alive at 7 AM, on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(22) (Signature) [Signature]

(23) Street Address of Physician or Midwife [Address]

(24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

25) Witness [Signature]

(Signature of Witness necessary only when question 23 is signed in blank)

[Signature] (26)

*When there was no attending physician, nurse, or other person, the report is deemed a statement of the mother of pregnancy.