

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Spartanburg*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

or

City of *Spartanburg*

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

Registration District No. Registered No. *256*

File No.—For State Registrar Only
66167

(2) Full Name of Child *Edd Mack Miller* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>June 15 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *Mack Roy Miller*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*

(10) COLOR OR RACE *Colord* (11) AGE AT LAST BIRTHDAY *20*
(Years)

(12) BIRTHPLACE *Union S.C.*

(13) OCCUPATION *laborer*

(14) Number of children born to mother, including present birth } *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annalia Martin*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY *17*
(Years)

(18) BIRTHPLACE *Fairfield S.C.*

(19) OCCUPATION *house*

(21) Number of children of this mother now living, including present birth } *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *two o'clock P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jessie Wilson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife | *61 E. Hampton Ave*

Given name added from a supplemental report

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

(27) Filed *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.

McCAY, OF C. S. C. FIRST-BORN, No. 1. THIS CIVIL, No. 5, etc., in question 8.