

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Marble

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

23175

Township of Brownsville

Registration District No. 3303

Registered No. 22  
(For use of Local Registrar)

or  
Inc. Town of.....

or  
City of .....

(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

Lodie Miles

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 9 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Arthur Miles

(14) NAME BEFORE MARRIAGE Nancy Gordon

(9) PRESENT POSTOFFICE OF FATHER Brownsville

(15) PRESENT POSTOFFICE OF MOTHER Brownsville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Marble

(18) BIRTHPLACE Marble S.C.

(13) OCCUPATION Iron Worker

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hear A. M. or P. M.)  
on the date above stated.

(23) (Signature) Nancy Gordon  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 9 1922 (28) R. T. [Signature] 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPT. OF COLUMBIA, COLUMBIA, S. C.