

(1) PLACE OF BIRTH

County of MarlboroTownship of Brownsville

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3303 Registered No. 22
(For use of Local Registrar)

File No.—For State Registrar Only

23175

(2) Full Name of Child

Richie 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.

(8) FULL NAME Arthur Miles(9) PRESENT POSTOFFICE OF FATHER Brownsville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Gordon(15) PRESENT POSTOFFICE OF MOTHER Brownsville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Farmer(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 on the date above stated. (Born alive or stillborn) (He or A. M. or P. M.)(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) 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.