

## (1) PLACE OF BIRTH

County of AndersonTownship of McMillanor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42427

Registration District No. 2011Registered No. 49  
(For use of Local Registrar)

(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 Sallie Miller

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 11 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME George E. Miller(9) PRESENT POSTOFFICE OF FATHER L. Florence(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 yrs  
(Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Elba Jones(15) PRESENT POSTOFFICE OF MOTHER L. Florence(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Sumter(19) OCCUPATION House keeping(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 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Woods(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife L. Florence, R. 3

Given name added from a supplemental report

(26) Witness W. H. Woods  
(Signature of Witness necessary only, when question 23 is signed by mark)(27) Filed Dec 12 1922 (28) W. H. Woods  
Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.