

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. P. St. 911OF  
Inc. Town of.....OF  
City of Murray Hill

(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

No. 10.—For State Registrar Only

3293

Registration District No. 909 Registered No. 33  
(For use of Local Registrar)(2) Full Name of Child William E. Mills 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 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 28 1923  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Elmer J. Mills (14) NAME BEFORE MARRIAGE Ruth E. Brown(9) PRESENT POSTOFFICE OF FATHER North Charleston (15) PRESENT POSTOFFICE OF MOTHER North Charleston(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19  
(Year) (Year)(12) BIRTHPLACE Charleston Co. (18) BIRTHPLACE Charleston Co.(13) OCCUPATION Musician (19) OCCUPATION Housework(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Torah McNeil (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R. 2nd Ave

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by doctor)

(27) Filed Mo. 8 23 (28) C. F. Myers 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.

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