

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**20279**

## (1) PLACE OF BIRTH

County of Spartanburg  
Township of N. Issue  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 4010 Registered No. 28  
(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

Geo. Miller

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

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Father Not Known  
(9) PRESENT POSTOFFICE OF FATHER —  
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY — (Years)  
(12) BIRTHPLACE Do not know  
(13) OCCUPATION —

## MOTHER.

(14) NAME BEFORE MARRIAGE Flora Miller  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION farm work

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion H. Rice  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Palmetto

Given name added from a supplemental report

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

(27) Filed July 4, 1922 (28) J. W. Hallett 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.